

PTO/SB/64 (11-03) Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UNINTENTIONALLY UNDER 37 CFR 1.137(b)	ocket Number (Optional)
First named inventor: DENNIS M. DEARIE	
Application No.: 09661 361 Art Unit:	inn t f 1 linn in
Filed: 4-21-04 Examiner:	EIVED
Title: OWNER APR 2	2 2 2004
Attention: Office of Petitions Mail Stop Petition Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 FAX: (703) 872-9306	F PETITIONS
NOTE: If information or assistance is needed in completing this form, please contact F Information at (703) 305-9282.	Petitions
The above-identified application became abandoned for failure to file a timely and proper reply to notice or action by the United States Patent and Trademark Office. The date of abandonment is expiration date of the period set for reply in the Office notice or action plus an extensions of time actually obtained.	s the day after the
APPLICANT HEREBY PETITIONS FOR REVIVAL OF THIS APPLICATION	
NOTE: A grantable petition requires the following items: (1) Petition fee;	
 (2) Reply and/or issue fee; (3) Terminal disclaimer with disclaimer feerequired for all utility and plant ap filed before June 8, 1995; and for all design applications; and (4) Statement that the entire delay was unintentional. 	applications
1. Petition fee Small entity-fee \$ 55,00 (37 CFR 1.17(m)). Applicant claims small entity status.	s. See 37 CFR 1.27.
Other than small entity - fee \$(37 CFR 1.17(m))	
Reply and/or fee A. The reply and/or fee to the above-noted Office action in	
the form of (identify type has been filed previously on (identify type has been filed previously on	rpe of reply):
B. The issue fee of \$has been paid previously on	
is enclosed herewith.	

[Page 1 of 2]
This collection of information is required by 37 CFR 1.137. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1.0 hour to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Petition, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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3. Terminal disclaimer with disclaimer fee	
☐ Since this utility/plant application was file	ed on or after June 8, 1995, no terminal disclaimer is required.
☐ A terminal disclaimer (and disclaimer fee	e (37 CFR 1.20(d)) of \$ for a small entity or \$ for required period of time is enclosed herewith (see PTO/SB/63).
Trademark Office may require additional	required reply from the due date for the required reply until the .137(b) was unintentional. [NOTE. The United States Patent and information if there is a question as to whether either the under 37 CFR 1.137(b) was unintentional (MPEP
WARNING: Information on this form m be included on this form. Provide cred	ay become public. Credit card information should not it card information and authorization on PTO-2038.
4-20-04 Date	Henri M. Aleans Signature
Telephone <u> </u>	Signature DEXINIS M. DEARIE Typed or printed name
	J5431 RED MAPLE PACE Address Address Address
Enclosures: 🔀 Fee Payment	I-REENWEll Springs, LA: 70895
☑ Reply	Address
Terminal Disclaimer Form	
Additional sheets containing st	atements establishing unintentional delay
Other:	
CERTIFICATE OF MA	AILING OR TRANSMISSION [37 CFR 1.8(a)]
I hereby certify that this correspondence is bein	g:
deposited with the United States Postal first class mail in an envelope addresse P.O. Box 1450, Alexandria, VA 22313-1	Service on the date shown below with sufficient postage as d to: Mail Stop Petition, Commissioner for Patents, 1450.
transmitted by facsimile on the date sho	own below to the United States Patent and Trademark Office at
7 2/ 07 Date	Hem M. Hears
	Signature DENNIS M. DEARIE
	Type or printed name of person signing certificate

Mr. Douglas I. Wood Senior Petitions Attorney Office of Petitions

RECEIVED

APR 2 2 2004

OFFICE OF PETITIONS

Mr. Wood,

I'd like to inform you of my past medical problems that may help you understand what was going on at my house and in my life when we initially applied for a patent on our "I.V.S." (Insurance Verification System). I hurt my back on a job in Omaha in Oct. 1994. I was told by my doctor to get a desk job which I did. The back continued getting worse and in July of 2000 I was forced to quit the job. In Oct. of 2000 I woke up and had no feeling from the waist down. I was rushed to the hospital and they found my spine had an infection in it. It caused blood infection and I was "touch-n-go" for a while. After 15 days in the hospital I was released and was fitted with a shoulder bag and being fed antibiotics 24/7. After 6 months I had my first surgery. They took out 35% of L-4 and L-5, took out the disc between them, as it was also dead bone. Then he took a piece of bone from my hip and wedged it in my spine. I couldn't get out of bed for 30 days. A year or so later (Jan. 2002) I had my second back surgery. More dead bone and infection. It seemed we saw light at the end of the tunnel then bang I had to have triple by-pass in Jan. 2004. And in between all this mass confusion somehow my application was lost in the patent office. The only thing I can see is my wife should've gotten a receipt when she mailed the Jan. response. And I should've told her to make copies of what she was sending but things were going crazt not knowing if I was going to be alive or not!!!!!

Thank You For Your Time And Patience,

Dennis M. Dearie (225) 262-0561

P.S. any mistakes - PIEASE - call me ASAP - so of can

fix them;

Thomas

April 20, 2004

Dennis M. Dearie 15431 Red Maple Place Greenwell Springs, LA. 70739 (225) 262-0561

Mr. Douglas I. Wood; Senior Petitions Attorney,

I am the sole inventor and designer of the wireless system using a barcode on an automobile's inspection sticker or windshield or glass to check for the status of insurance policies on said vehicle. The system is called "Insurance Verification System" or "IVS". My system uses a wireless barcode reader that is tied directly to our internet server. (This can also be written to use state's data terminal) We have written spec's to use our server that way in future uses other states can be tied in seamlessly.

Basics of the system are as follows: To get vehicles on system for the first time, the following guidelines/steps are (1) Application for policy is made, issuing company "logs on" to DesignScan's server, each company and employee will have their own secured "log on" number and password, 2) after "logging on" the following fields are entered Policy number, Effective and Expiration Dates, Name, Address, and Phone Number of the policy holder, Vehicle Identification Number (VIN), Year, Make, Model, and Color of the covered vehicle. Those steps take only two minutes or less to do. That information is then submitted into server and cannot be altered or changed except by the issuing company. Company then prints out temporary card to be used until inspection sticker is renewed.

When it becomes time to renew inspection sticker the station completes the process. The state shall print out new stickers with a

barcode on the bottom portion of the sticker. The station also "logs on" to the DesignScan server. Once there they will enter the VIN which will take them to the "inspection page". The inspection page displays VIN, year, make, model, and color of vehicle. They then will be able to cross reference that the correct vehicle and VIN are the same. After highlighting the barcode section the inspector will use a barcode reading pen and swipe the next sticker. Upon completion that the barcode field is correct he'll then enter the appropriate date, mileage, and license plate number. After successfully passing the inspection and filling out all fields the inspector submits information into computer. Now the vehicle is on the IVS System.

When it comes time to renew inspection sticker the owner doesn't need insurance papers. The station "logs on" to the DesignScan server, inputs the VIN and he'll be able to check if a policy is in effect for that vehicle. When a vehicle is "scanned" the reader sounds one way if there are no problems and another if that vehicle doesn't have a valid policy at the time of the scan. This saves time at check points and protects drivers who've lost or misplaced papers. It also helps law enforcement individuals from someone rummaging through the glove box late at night and pulling out a gun or something else. Plus there will be no more excuses, either you have insurance or you don't.

Herk You, Dens M. Dears UNICARE UTILIZATION MANAGEMENT 2727 PACES FERRY ROAD, BLDG. 2 STE. 600 ATLANTA, GA 30339



DENNIS DEARIE 15431 RED MAPLE PL GREENWEL SPGS LA 70739 Reference No:

0200584271

Provider: Facility/Vendor:

ROBERT THURSTON
BATON ROUGE GENERAL

1

HEALTH CENTER

Client:

UL&H LARGE GROUP 2

Patient:

DENNIS DEARIE

Subscriber:

MICHELLE DEARIE

Admit Date:

N/A

Date Created:

23-Jan-2004 18:25

Service	Date	Quantity	Code	Description
Surgical	21-Jan-2004	1 Unit(s)	33518	CABG, artery-vein, two

Review Outcome:

Certification

Place of service:

Hospital - Additional IP Procedure

The requested services have been certified as listed above based on medical necessity. The healthcare provider listed above is a network provider. The healthcare facility/vendor listed above is not a network facility/vendor. Using a non-network facility/vendor may result in reduced benefits and/or higher out-of-pocket expenses. For information regarding network facilities/vendors, please contact us at the toll-free number listed below. This determination is valid for 90 days from the Service Date listed above. If the Services Date changes, please contact us at the toll-free telephone number listed below. This determination is a recommendation regarding the medical necessity of the services listed above. The decision regarding what treatment is best remains with the patient and the healthcare provider.

This letter and the associated review, do not guarantee claims payment. No benefit determination has been made at this time. Payment of benefits could be limited or denied if the information submitted with claims differs from that given by telephone, and is subject to all policy exclusions, limitations, waivers, pre-existing conditions and coverage eligibility when the services listed above are provided.

For questions regarding this letter please contact:

Name:

UNICARE UTILIZATION MANAGEMENT

Toll-Free Telephone:

(800) 762-4534 X2106

Facsimile:

(770) 805-6218

Address:

2727 PACES FERRY ROAD, BLDG. 2

STE. 600

ATLANTA, GA 30339

Sincerely, Care Manager

BATON ROUGE RAD LOGY GROUP, II

8490 PICARDY AVE, #500A
BATON ROUGE, LA 70809
(225) 769-6700

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ADDRESSEE

DENNIS DEARIE 15431 REDMAPLE PLACE **GREENWELL SPRIN, LA 70739**

REMIT TO

BATON ROUGE RADIOLOGY GROUP, INC PO BOX 14530 **BATON ROUGE, LA 70898**

030109060000442263000002154500000138007

Detach and return top portion to ensure proper credit - Retain bottom portion for major medical and tax purposes

ACCOUNT I	DETAIL (Patient resp. is calculated as of statement date)		Respon	sibility	
Date	Description : A security as a second	*Charge	lisurance	Patient	Balance
01/19/2004	01: DEARIE, DENNIS 71020: CHEST 2 VIEWS; AP/PA + LATERAL (DE LA BRETONNE, M.D.) at BRGMC - BLUEBONNET	37.00		37.00	37.00
02/03/2004	\$37.00 claim Filed with primary insurance UNICARE LIFE + HEALTH INSURANCE				
21/2004	71010: CHEST SINGLE VIEW; AP/PA (ALLEVA, M.D.) at BRGMC - BLUEBONNET	32.00		32.00	69.00
02/05/2004	\$32.00 claim Filed with primary insurance UNICARE LIFE + HEALTH INSURANCE				
01/21/2004	71010: CHEST SINGLE VIEW; AP/PA (TSAI, M.D.) at BRGMC - BLUEBONNET	32.00		32.00	101.00
02/05/2004	\$32.00 claim Filed with primary insurance UNICARE LIFE + HEALTH INSURANCE				
01/24/2004	71020: CHEST 2 VIEWS; AP/PA + LATERAL (ALEXANDER, M.D.) at BRGMC - BLUEBONNET	37.00		37.00	138.00
02/09/2004	\$37.00 claim Filed with primary insurance UNICARE LIFE + HEALTH INSURANCE				
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Please Pay This Amount: \$138.00

Regardless of insurance coverage you are responsible for payment of this account. If you have any question regarding this statement, please call the main office.

P.O. BOX 54376 Date of EW ORLEANS, LA Prev. Bill 225 819-1000 FEI # 721025017

Type of Bill

FINAL

INP.

Date of Bill

01/28/04



70154

Page No.

Patient Name Patient Number Sex Admission Discharge Age Days DEARIE , DENNIS 43365725 М 48 01/21/04 01/25/04 4

Guarantor Name and Address	COB	Insurance Company Name	Group No.	Policy Number
DENNIS DEARIE 15431 RED MAPLE PLACE GREENWELL SPRINGS LA 70739	1	AMLIFECARE/PPO *A		435114921
		THURSTON R SCOTT		

_			Insurs Proper Credit,	Return Top Portion \	Mith Your Remitte	nce		
Date of Posting	Description of Hospital Service		Total Charges	Est. Coverage Ins. Co. No. 1	Est. Coverage Ins. Co. No. 2	Est. Coverage Ins. Co. No. 3	Est. Coverage Ins. Co. No. 4	Patient Amount
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and correspondence.

for any charges not posted when this bill was prepared.

Conditional endorsements or statements such as "Payment in Full" on check remittance will not be recognized as an "agreement-in-compromise" unless agreed to in writing by the Health Center.

Type of Bill Date of Bill Date of Prev. Bill FINAL 01/28/04 INP.

P.O. BOX 54376 EW ORLEANS, LA 225 819-1000 FEI # 721025017

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Page No.

S T Petient Name	Patient Number	Sex	Age	Admission	Discharge	Deye	
DEARIE , DENNIS	43365725	М	48	01/21/04	01/25/04	4	

Guerantor Neme and Address	C08	Insurance Company Name	Group No.	Policy Number
DENNIS DEARIE 15431 RED MAPLE PLACE GREENWELL SPRINGS LA 70739	1	AMLIFECARE/PPO *A		435114921
		THURSTON R SCOTT		

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01/21	001DONUT		3211080	8.50	8.50						
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01/21	001SUTUR	E E-PACK	3211796	277.50	277.50						
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Conditional endorsements or statements such as "Payment in Fuß" on check remittance will not be recognized ee an "agreement-in-compromise" unless agreed to in writing by the Health Center.

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Prev. Bill



70154 Page No. 3

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 Petient Name
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Guarantor Name and Address	COB	Insurance Company Name	Group No.	Policy Number
DENNIS DEARIE 15431 RED MAPLE PLACE GREENWELL SPRINGS LA 70739	1	AMLIFECARE/PPO *A		435114921
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Date of Posting	Description of Hospital Services	Service Code	Total Charges	Est. Coverage Ins. Co. No. 1	Est. Coverage fns. Co. No. 2	Est. Coverage Ins. Co. No. 3	Est. Coverage Ins. Co. No. 4	Petient Amount
01/21	001POTASSIUM	4050658	37.00	37.00				
01/21	001POTASSIUM	4050658	37.00	37.00				
01/21	001SODIUM; BLOOD	4050662	38.00	38.00				
01/21	001CK; TOTAL	4050749	68.00	68.00				
01/21	001MAGNESIUM	4050753	42.00	42.00				
01/21	001HEMOGLOBIN	4080465	30.50	30.50				
01/21	001HEMOGLOBIN	4080465	30.50	30.50				
01/21	001CBC WITH DIFFE	4080593	68.00	68.00				
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Additional patient billing may be necessary for any charges not posted when this bill was prepared.

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		THURSTON R SCOTT		

		Telr	eure Proper Credit,	Return Top Portion	With Your Flamitte	nce		
Date of Posting	Description of Hospital Services	Service Code	Total Charges	Est. Coverage Ins. Co. No. 1	Est. Coverage Ins. Co. No. 2	Est. Coverage Ins. Co. No. 3	Est. Coverage Ins. Co. No. 4	Petient Amount
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01/21	001MEPERIDINE HCL	3326641	3.75	3.75				
01/21	002POTASSIUM CHLO	3326682	6.50	6,50				
01/21	002MAGNESIUM SULF	3326951	4.00	4.00			1	
01/21	002MAGNESIUM SULF	3326951	4.00	4.00				
01/21	002MAGNESIUM SULF	3326951	4.00-	4.00-	·]	
01/21	001SUFENTANIL CIT	3327332	57.30	57.30				
01/21		3327332	57.30	57.30		NOTI	CE:	
01/21	003MIDAZOLAM HCL	3327366	51.60	51.60	THIS IS			
01/21	001THIOPENTAL SOD	3327378	11.15	11.15	IE IT IS	NOT A BIL	L. DO NO	TDAV
01/21	001MIDAZOLAM HCL	3327407	16.85	16.85	FFD "	DETERMIN OR A POR	ED THAT	Tillo
01/21	002DEXMEDETOMIDIN	3327938	292.80	292.80	PERVICE	OR A POR	TION OF	IHIS
01/21	003CEFAZOLIN SODI	3328027	23.25	23.25	SERVIC	ES IS NOT	PAVAD	HESE
01/21		3328035	19.70	19.70	YOUR H	EALTH OF	LAIABL	E BY
01/21		9100001	1370.00	1370.00	Bi	EALTH PL E RESPON	NN, YOU	WILL
01/22	001TEGADERM 2 X 3	3260206	3.75	3.75		ricoror	SIBLE.	
01/22	001VASELINE GAUZE	3260664	6.75	6.75				
01/22	001NS	3400232	20.95	20.95				
01/22		3400232	20.95-	20.95-				
01/22	001CK; MB FRACTIO	4040298	163.75	163.75			·	
01/22	001BASIC METABOLI	4050277	164.75	164.75				
01/22		4050749	68.00	68.00	8			
01/22		4050753	42.00	42.00	8			
01/22	001CBC WITH DIFFE	4080593	68.00	68.00				
01/22	001EXERCISE-MONIT	2650001						
01/22	001GABAPENTIN	3301005	5.00	5.00	> neurontú	Į.		
01/22	· · · · · · · · · · · · · ·	3301005	5.00	5.00	1			
01/22	004DOCUSATE CALCI	3301380	2.00	2.00~	Surfax			
01/22		3301380	, . 50	.50	Y DOWNER			
01/22		3301934	6.00	6.00	10			
01/22		3301934	4:-00	4.00	P Burnet	1		
01/22	001FUROSEMIDE	3301934	2.00	2.00				
Petient	Number Please refer to patient number in all inquiries		Addit	lonel petient billing or charges not post	may be necessary			
	end correspondence.		was ;	repered.	रू काम्ब्रा राउड र शी	<u>.</u>		· · · · · · · · · · · · · · · · · · ·

Type of Bill Date of Prev. Bill 225 8 FEI M

P.O. BOX 54376 EW ORLEANS, LA 225 819-1000 FEI # 721025017



70154

Page No. 5

 S
 T
 Patient Name
 Patient Number
 Sex
 Age
 Admission
 Discharge
 Days

 DEARIE
 , DENNIS
 43365725
 M
 48
 01/21/04
 01/25/04
 4

Guarantor Name and Address	C08	Insurance Company Name	Group No.	Policy Number
DENNIS DEARIE 15431 RED MAPLE PLACE GREENWELL SPRINGS LA 70739	1	AMLIFECARE/PPO *A		435114921
		THURSTON R SCOTT		

		Toin	sure Proper Credit,	Return Top Portion \	Mth Your Remitter)C8		
Date of Posting	Description of Hospital Services	Service Code	Total Charges	Est. Coverage Ins. Co. No. 1	Est. Coverage Ins. Co. No. 2	Est. Coverage Ins. Co. No. 3	Est. Coverage Ins. Co. No. 4	Patient Amount
01/22	004EC ASPIRIN	3302649	2.00	2.00				
01/22	002EC ASPIRIN	3302649	1.00	1.00				
		3303411	2.10	2.10	Bodoten			
01/22			12.00	12.00		T		
01/22		3303449	8.00	8.00				
01/22		3303449	4.00	4.00				
01/22		3307564	132.80	132.80	lemeron			
01/22		3307566	17.10	17.10 /	WI WOO	No.	TICE:	
01/22	·	3500007	155.75	155.75			1	
01/22		3500212	65.50	65.50	THIS	IS NOT A	BILL DO	NOT PAY.
01/22		3500608	135.50	135.50				
01/22		3326641	.3.75	3,75	SERV	CEOBAG	OBTION I	HAT THIS OF THESE
01/22		3326641	3.75	3.75	SFR	JICEC IC	ORTION	PFTHESE
01/22		3326641	3.75	3.75		MISS A WAY TO THE PER COLD	MIII WAVI	
01/22		3326643	3.15	3.15	. 00,	HEALTH	PLAN, Y	OU WILL
01/22		3326643	3.15	3.15		BE RES	PONSIBL	E.
01/22		3326643	3.15	3.15				
01/22		3326643	3.15	3,15				
01/22		3326951	4.00	4.00				
01/22		3326951	4.00-	4.00-				
01/22		3327041	6.70	6.70				
01/22		9050001	740.00	740.00				
01/23	001NS	3400232	20.95	20.95				
01/23		3400232	20.95	20.95				
01/23 01/23		3400232	20.95	20.95				
30.000000000000000000000000000000000000		4040744	109.00	109.00				
01/23 01/23	001BASIC METABOLI 001MAGNESIUM	4050277	164.75	164.75				
01/23		4050753 4080593	42.00	42.00	}			
01/23		2650001	68.00	68.00				
01/23		2650001				1		
01/23		2650001						
01/23		3301380	2.00	2.00	SUFAL			1
01/23	003FENOFIBRATE	3307841	23.10	23.10				
,	OUSI LINOI IDIMILE	33070411	23.10	23,10	Tricor	7.70		
aratragalori ra								
Patient	Number Please refer to patient	Postantia (Control	ihhA.	lonel patient billing r	I	[

ient Number Please refer to patient number in all Inquiries and correspondence.

Additional patient billing may be necessary for any charges not posted when this bill was prepared.

Conditional endorsements or statements such as "Payment in Full" on check remittance will not be recognized as an "agreement-in-compromise" unless agreed to in writing by the Health Center.

Date of Bill Date of Prev. Bill 01/28/04 Prev. Bill 225 819-1000 FEI # 721025017

Type of Bill

FINAL

INP.



Page No.

S T Petient Name	Petient Number	Sex	Age	Admission	Discharge	Daye	
DEARIE , DENNIS	43365725	М	48	01/21/04	01/25/04	4	

Guerentor Name and Address	COB	Insurance Company Name	Group No.	Policy Number
DENNIS DEARIE 15431 RED MAPLE PLACE GREENWELL SPRINGS LA 70739	1	AMLIFECARE/PPO *A		435114921
		THURSTON R SCOTT		

Date of Posting	Description of Hospital Services	Service Code	Total Charges	Est. Coverage Ins. Co. No. 1	Est. Coverage Ins. Co. No. 2	Est. Coverage -	Est. Coverage Ins. Co. No. 4	Petient Amount
01/23	0020XYGEN THERAPY	3500007	311.50	311.50	`			
01/23	001PULSE OXIMETER	3500014	22.00	22.00				
01/23	0030XYGEN EXTENSI	3507002	14.25	14.25				
01/23	001MEPERIDINE HCL	3326641	3.75	3.75				
01/23	001MEPERIDINE HCL	3326641	3.75	3,75				
01/23	001MEPERIDINE HCL	3326643	3.15	3.15				
01/23	001MEPERIDINE HCL	3326643	3.15	3.15				
01/23	001MEPERIDINE HCL	3326643	3.15	3.15				
01/23		3326951	4.00	4.00				
01/23	002MAGNESIUM SULF	3326951	4.00	4.00				
01/23		9050001	740.00	740.00				
01/24	001NS	3400232	20.95	20.95				
01/24	001NS	3400232	20.95	20.95		NOTIC	E:	
01/24	001LIPID PANEL	4050032	97.25	97.25				
01/24		5010115	178.50	178.50	THIS IS N	OTABILI	L DO NO	PAY.
01/24						ETERMIN		
01/24						ORAPOR		
01/24			155.75	155.75		ES IS NOT		
01/24	002PULSE OXIMETER	3500014	44.00	44.00		EALTH PL		
01/24		3326641	3.75	3.75				BAILL
01/24		3326643	3.15	3.15	P	E RESPO	SIBLE.	
01/24		3326643	3.15	3.15			-	
01/24		3326643	3.15	3.15				
01/24		3326951	4.00	4.00				
01/24		3326951	4.00	4.00				
01/24	•	9050001	740.00	740.00				
01/25		3260206	3.75	3,75				
01/25		3400232	20.95-	20.95-				
01/25		3400232	20.95-	20.95-				
01/25		3400232	20.95-	20.95-				
01/25		3400232	20.95-	20.95-				
01/25		3400232	20 ¹ .95-	20.95-				
01/25		3400234	15.55	15.55				
01/25	001BASIC METABOLI	4050277	164.75	164.75				
Patient	Number Please refer to patient			onel petient billing	<u> </u>			

Please refer to patient number in all inquiries and correspondence. Additional patient billing may be necessar for any charges not posted when this bill was prepared.

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Date of Bill Date of Prev. Bill 01/28/04

P.O. BOX 54376 EW ORLEANS, LA 225 819-1000 FEI # 721025017



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Page No.



Type of Bill

FINAL

INP.

S T Patient Name	Patient Number	Sex	Age	Admission	Discharge	Days	
DEARIE , DENNIS	43365725	M	48	01/21/04	01/25/04	4	

Guerantor Neme and Address	COB	Insurance Company Name	Group No.	Policy Number
DENNIS DEARIE 15431 RED MAPLE PLACE GREENWELL SPRINGS LA 70739	1	AMLIFECARE/PPO *A		435114921
		THURSTON R SCOTT		

		*****************		Return Top Portion				
Date of Posting	Description of Hospital Services	Service Code	Total Charges	Est. Coverage Ins. Co. No. 1	Est. Coverage Ins. Co. No. 2	Est. Coverage Ins. Co. No. 3	Est. Coverage Ins. Co. No. 4	Patient Amount
01/25	l .	4050753	42.00	42.00	- 7			
01/25	001CBC WITH DIFFE	4080593	68.00	68.00	-			
11/25		3307841	7.70-	7.70-				
11/25		3326643	3.15	3.15				l
1/25	·	3326643	3.15	3.15		1		1
1/25		3326682	3.25-	3.25-				
1/25	001POTASSIUM CHLO	3326682	3.25-	3.25-				
1/25	002FUROSEMIDE 2	3326914	4.30	4.30				
1/25	002FUROSEMIDE 2	3326914	4.30-	4.30-			į l	
1/25	002MAGNESIUM SULF	3326951	4.00-	4.00-				
1/25	002MAGNESIUM SULF	3326951	4.00-	4.00+				
11/25	002MAGNESIUM SULF	3326951	.4.00-	4.00-				
					SERVICE SERVIC YOUR H	NOTABIL DETERMIN ORAPOR ES IS NOT EALTH PL	L. DO NO ED THAT TION OF PAYABL	THIS
T (DTALS		34818.85	34818.85				
Petient	Number Please refer to patient number in all Inquiries			lonal patient billing r	nay be necessary			

BATON ROUGE GENERAL MEDICAL CENTER HA9 NEW ORLEANS, LA

Conditional endorsements or statements such as "Payment in Full" on check remittance will not be recognized as an "agreement-in-compromise" unless agreed to in writing by the Heelth Center.

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Type of Bill Date of Final Date of Prev. Bill 225 FED

P.O. BOX 54376 NEW ORLEANS, LA 225 819-1000 FEI # 721025017

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Page No. 8

S T Patient Name	Patient Number	Sex	Age	Admission	Discharge	Daye	
DEARIE , DENNIS	43365725	М	48	01/21/04	01/25/04	4	

Guerantor Name and Address	C08	Insurance Company Name	Group No.	Policy Number
DENNIS DEARIE 15431 RED MAPLE PLACE GREENWELL SPRINGS LA 70739	1	AMLIFECARE/PPO *A		435114921
	Г	THURSTON R SCOTT		

Date of	Description of	Service	Total	Est. Coverage	Est. Coverage	Est. Coverage	Est. Coverage	Patient
Posting	Hospital Services	Code	Charges	Ins. Co. No. 1	ine. Co. No. 2	ine. Co. No. 3	ins. Co. No. 4	Amount
	ARY OF CHARGES		1					
	-	70.00	1370.00	1370.00				
R&C	_	40.00	2220.00	2220.00				
	OPERATING ROOM		9544.00	9544.00				
	SURGICAL SUPPLIE ANESTHESIA SUPPL		9651.00	9651.00				
	LAB	I	1452.00	1452.00				
	PHARMACY		2080.65 902.35	2080.65			\	
	MEDICAL SUPPLIES		2588.50	902.35 2588.50				
	IV SUPPLIES		39.00	39.00				
	IV SOLUTIONS		651.85	651.85				
	X-RAY		329.75	329.75				
	RESPIRATORY THER	ΑP		2430.00	,			
	HEART LAB		1559.75	1559.75				
SUB-	TOTAL OF CHARGES		34818.85	34818.85	•			
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retient	Number Please refer to patient number in all inquiries		Addit	ional patient billing n				

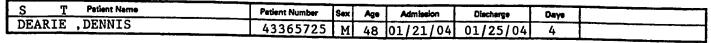
BATON ROUGE GENERAL MEDICAL CENTER HA9 NEW ORLEANS, LA

Conditional endorsements or statements such as
"Payment in Full" on check remittance will not be
recognized as an "agreement-in-compromise"
unless agreed to in writing by the Health Center.

P.O. BOX 54376 Type of Bill Date of Bill Date of EW ORLEANS, LA Prev. Bill 225 819-1000 FINAL 01/28/04 FEI # 721025017 INP.



Page No.



Gusrentor Name and Address	COB	Insurance Company Name	Group No.	Policy Number
DENNIS DEARIE 15431 RED MAPLE PLACE GREENWELL SPRINGS LA 70739	1	AMLIFECARE/PPO *A		435114921
		THURSTON R SCOTT		

Date of Posting	0	cription tal Servi		Service Code	Total Charges	Est. Coverage Ins. Co. No. 1	Est. Coverage Ins. Co. No. 2	Est. Coverage Ins. Co. No. 3	Est. Coverage Ins. Co. No. 4	Petient Amount
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Conditional endorsements or statements such as "Payment in Full" on check remittance will not be recognized as an "agreement-in-compromise" unless agreed to in writing by the Health Center.

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Type of Bill Date of Bill Date of Prev. Bill FINAL 01/28/04 INP.

BATON ROUGE GENERAL MEDICAL CENTER HA9
P.O. BOX 54376
EW ORLEANS, LA
225 819-1000
FEI # 721025017



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S T Petient Name	Patient Number	Sex	Age	Admission	Discharge	Days	
DEARIE , DENNIS	43365725	М	48	01/21/04	01/25/04	4	

Guarantor Name and Address	C08	Insurance Company Name	Group No.	Policy Number
DENNIS DEARIE 15431 RED MAPLE PLACE	1	AMLIFECARE/PPO *A		435114921
GREENWELL SPRINGS LA 70739		-		
		THURSTON R SCOTT		

Date of					With Your Remitte			
Date of Posting	Description of Hospital Services	Service Code	Total Charges	Est. Coverage Ins. Co. No. 1	Est. Coverage Ins. Co. No. 2	Est. Coverage Inc. Co. No. 3	Est. Coverage Ins. Co. No. 4	Petient Amount
		BILLING	ABSTRA	C T				
ADDE	ESSES:							
	ATIENT:							
•	DENNIS DEARIE							
	15431 RED MAPLE	PLACE						
	GREENWELL SPRIM	GS LA 7D	739					
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	number in all inquiries and correspondence.		for e	ny charges not posts prepared.				

Conditional endorsements or statements such as "Payment in Full" on check remittance will not be recognized se en "egreement-in-compromise" unisse agreed to in writing by the Health Center.

P.O. BOX 54376 Type of Bill Date of Bill Date of Prev. Bill EW ORLEANS, LA 225 819-1000 01/28/04 FINAL FEI # 721025017 INP.



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S T Petient Neme	Patient Number	Sex	Age	Admission	Discharge	Days	
DEARIE , DENNIS	43365725	М	48	01/21/04	01/25/04	4	

Guarantor Name and Address	COB	Insurance Company Name	Group No.	Policy Number
DENNIS DEARIE 15431 RED MAPLE PLACE GREENWELL SPRINGS LA 70739	1	AMLIFECARE/PPO *A		435114921
		THURSTON R SCOTT		

DRI DRI GRI DRI DRI OU	NCURRENT GROUPER UG #: 109 MDC # G RATE PER CASE: TLIER VALUE: OUPER USED: G #: 109 MDC # G RATE PER CASE: TLIER VALUE: OUPER USED:	: 05 20834 M	003 .96 003 (A7		Ins. Co. No. 2	Ins. Co. No. 3	Ins. Co. No. 4	Amount
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OU GR DR DR OU	TLIER VALUE: OUPER USED: G #: 109 MDC # G RATE PER CASE: TLIER VALUE:	м Н: 05	CO3 (A7	9)				
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Conditional endorsements or statements such as "Payment in Full" on check remittance will not be recognized as an "agreement-in-compromise" unless agreed to in writing by the Health Center.

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PO BOX 54376 NEW ORLEANS LA 701544376			43365725	111
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42 REV. CD. 43 DESCRIPTION	44 HCPCS/RATES	45 SERV. DATE 46 SE	RV. UNITS 47 TOTAL CHARGES	48 NON-COVERED CHARGES 49
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		PINSIBLE		
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50 PAYER	51 PROVIDER NO.	52 REL 53 ASG INFO BEN 54 PRIOR	PAYMENTS 55 EST. AMOUNT DU	E 56 T
UNICARE				
I UNICARE		Y		
57 11004010	DUE FROM I			
57 11024212 58 INSURED'S NAME	59 P.REL 60 CERT, - SSN - HIC		61 GROUP NAME	62 INSURANCE GROUP NO.
	 	ID MU.	OI SINGUP RANKE	
DEARIE, MICHELLE	02 435114921	•		141060M001
CO TREATMENT AUTHORITATION CORES	50,445	T	N OUTD 1 OOLTION	<u> </u>
63 TREATMENT AUTHORIZATION CODES 64 ESC 65 EMPLOY		66 EMP	LOYER LOCATION	
02005842714DAY 9 DISAB	LED .	BAT	ON ROUGE, LA 70805	
c	OTHER DIAC AS	NOEG		1
67 PRIN, DIAG. CO 68 CODE (1991) 1997 (1995) 70 COD		72 COOE #1155775 DOES	74 CODE	78 ADM. DIAG. CD. 77 E-CODE 78
41401 4019 2724 56400	V17A			41401
		OTHER PROCETURE BATE	82 ATTENDING PHYS. ID	
012104 3615	012104 8964	012104 OTHER PROCEDURE	07588R THURSTON R SC	OTT
		OTHER PROCEDURE	83 OTHER PHYS. ID.	
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a 84 REMARKS UNICARE		<u> </u>	OTHER PHYS. ID	
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c RICHARDSON, TX 75083			85 PROVIDER REPRESENTATIVE	88 DATE
UB 00 11054 1450	50101111		X	01/28/04
UB-92 HCFA-1450 OCR/C	RIGINAL		I CERTIFY THE CERTIFICATIONS ON THE PEYERS!	APPLY TO THIS BILL AND ARE MADE A PART HEREOF.



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Patient's Name

Account Number

Admission

Discharge

Billing Date

DEARIE, DENNIS M

015838070-0304 I

10/30/00

11/14/00

06/05/01

PLEASE REFER TO PATIENT'S NAME AND ACCOUNT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE

FOR BILLING INFORMATION CALL

BUSINESS OFFICE (EL)

PHONE 225/765-8872

BILTO
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GREENWELL SPRINGS LA 70739-3530

FEDERAL I.D. 72-0423651

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C07

INSURANCE BENEFITS ASSIGNED

Patient's Name DEARIE, DENNIS	M 016838070-0304 06		INSURANCE PORTION ACCORDING TO TH SUPPLIED BY YOUR INS	E INFORMATION
POSTING DATE REF NBR	DESCRIPTION SUMMARY OF CHARGES	TOTAL AMOUNT	INSURANCE PORTION	PATIENT PORTION
	ROOM CHARGES			
001	PRIVATE			
-	15 DAYS AT 390.00	5,850.00	5,850.00	
,	TOTAL OF ROOM CHARGES	5,850.00	5,850.00	
	ANCILLARY CHARGES			
024	PHARMACY-SPECIAL	145.00	145.00	
025	PHARMACY	8,237.89		
	IV THERAPY/SUPPLIES			•
027	CENTRAL SUPPLIES	3.120.90	64.00 3,120.90	
030	LABORATURY	2,579.75	2,578.75	
032	X-RAY SERVICES	6,959.00	6,959.00	
035	CT SCAN	2,030.00	2,080.00	
035	O.R. SERVICES	1,113.25		
042	PHYSICAL MEDICINE		172.00	
მგნ	CARDIOLUGY SERVICES	238.00		
071	RECOVERY ROOM	225.00	225.06	
୍ବ	OTHER THERAPUTIC SERVICES	109.00		
39 <i>7</i>	LA MANDATED SERVICE CHARGE	30.00	30.00	
	TOTAL OF ALL OTHER CHARGES	5 . 25,071.79	25,071.79	
	ACCOUNT ADJUSTMENTS	30.00-		30.0

30.00-



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Patient's Name

....

DEARIE, DENNIS M

Account Number

016838070-0304 I i

Date 10/30/00

Discharge Date Billing Date 06/05/01

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GREENWELL SPRINGS LA 70739-3530

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C07

INSURANCE BENEFITS ASSIGNED

Patient's Name
DEARIE, DENNIS M

Account NBR 016838070-0304

Page No. 06/05/01 SM02

SURANCE PORTION IS COMPUTED CORDING TO THE INFORMATION PPLIED BY YOUR INSURANCE CARRIER

POSTING

REF NBR

DESCRIPTION

INSURANCE PORTION

PATIENT PORTION

TOTAL CHARGES AND INSURANCE

CE 30,891.79

TOTAL AMOUNT

30,921.79

30.00-

NOTHING DUE AT THIS TIME



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Patient's Name

Account Number

Date

Discharge

Billing Date

DEARIE, DENNIS M

016838070-0304 [

10/30/00 11/14/00

06/05/01

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Patient's Name DEARIE DENNIS M	Account NBR Q16838070-0304	Bill Date	INSURANCE PORTIC ACCORDING TO SUPPLIED BY YOUR IN	THE INFORMATION
POSTING DATE REF NBR DESCRIPTION		TOTAL AMOUNT	INSURANCE PORTION	PATIENT PORTION
10/30/0039200001PRIVATE	06370	390.0	390.00	
10/30/0075000828DEX 5% W 5	SOML	49.1.		
	NTITY OF 2	,		
	TITY OF 2		6 46.46	
10/30/0081700648NON IONIC	CONTRAST (300) 12	25 145.0	0 145.00	
10/30/0084100015IV-START/F	RESTART	32.0		
10/30/0040000774URINAL		1.3		
10/30/0040001597SET, IV EX	TENSION 7" 4438	5.3		
10/30/0040001636DEX 5% -45	っぱ SOD CHL INJ 100 ITITY OF 2	6.4	_	
10/30/0040001873TEMP PROBE		16.7	5 16.75	
10/30/0040002076ICE BAG	0012.112	5.1		
10/30/0040002202STCCKING,	TED HOSE LARGEZER	G 25.7		
10/30/0040002343INSYTE NEE	EDLE 200 X 1 1/4"	3.2		
10/30/0040003790IV START R		5.0		
16/30/0040019453IV SET, SE	CONDARY	5.7		
10/30/0040061842ADAPTER, (CLAVE MALE LL	7.6		
10/30/0065107526CULT BLOOD		210.0		
10/30/00651203378ACTERIAL QUAN	ID - SINGLE ITITY OF 2	38.5	38.50	
10/30/0065126177SUSCEPTIB		23.7	5 23.75	
10/30/0081705001CT-ROOM T1		108.0		
10/30/0081721938CT-PELVIS		974.0	974.00	
10/30/0081741605CT-ABD W/		1,106.0	C 1,106.00	
10/30/0075317370CL@NAZ5PA		1.9	9 1.99	
10/30/0075348409LEVSIN 0.1		•9	5 .95	
10/30/0075399154ACETAMINO	PHEN 325MG TABLET	2 .2	0 -20	
10/30/0075980460AMITRIPTY	INE 25MG TAB UD	• 9	5 .95	
10/30/0075991828DICLOFENAC	75MG TABLET UD	3.3	1 3.31	
10/30/0075991894MISOPROSTO		JD 3.7	6 3.76	
14U\$	NTITY OF 2	•	: *.	



Patient's Name

DEARIE . DENNIS M

016838070-0304

06/05/01

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Patient's Name DEARIE, DENNIS M Q16838070-0304 06		INSURANCE PORTION ACCORDING TO THE SUPPLIED BY YOUR INS	IS COMPUTED IE INFORMATION URANCE CARRIER
POSTING DATE REF NBR DESCRIPTION		INSURANCE	PATIENT
10/30/00400037778EDSIDE KITS	TOTAL AMOUNT	PORTION	PORTION
10/31/0039200001PRIVATE 063701	13.25	13.25	
10/31/0081901014MRI-PARAMAGNETIC CONTR 10 ML	390.00	390.00	
10/31/0075000018DEX 5% W 100ML	279.00	279.00	A. S. C.
QUANTITY OF 5	121.55	121.55	
10/31/0075000034DEX 5% W 250ML	22 50	77.00	
10/31/0075000661DEX 5% NACL 0.45% KCL 20MEQ	23.50	23.50	Marie -
QUANTITY OF 3	127.92	127.92	
10/31/0075000828DEX 5% W 50ML	72 40	33 (0	\$2 6
QUANTITY OF 3	73.68	73.68	
10/31/0075108431NAFCILLIN 2GH VIAL	79.85	70 05	
QUANTITY OF 5	19.63	79.85	
10/31/0075124156MEPERIDINE 50MG VIAL	72.00	72 00	
QUANTITY OF 8	72.00	72.00	-25.1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
10/31/0075124206MEPERIDINE 100MG/1ML VIAL	0.00	0.00	
10/31/0075243907DROPERIDOL 2.5MG/ML 2ML AMP	9.00 53.95	9.00	
QUANTITY OF 5	2393	53.95	= 1 m · · · · · · · · · · · · · · · · · ·
10/31/0075780001LEVOFLOXACIN 500MG IN D5W100	158.40	150 40	
QUANTITY OF 2	150.40	158.40	
10/31/0075780207POTASSIUM CL RIDER 40MEQ/100	20 72	30 30	
16/31/0075898874CEFDXITIN 1GM VIAL MEFOXIN	20 •32 69 •69	20.32	
QUANTITY OF 3	09.09	69.69	
10/31/0075992469VANCOMYCIN 1000MG VIAL	20 62	20 (2	
10/31/0040002344INSYTE NEEDLE 226 X 1"	39.63 3.35	39.63	
10/31/0040003790IV START KIT	5.05	3.35	-
10/31/0065004954PUTASSIUM-SERUM	36.25	5.05	0 :
10/31/0065005456CDMPREHENSIVE METABOLIC PANE	131.00	36.25	
10/31/0065301115CBC WITH MANUAL DIFF	57.00	131.00	
10/31/0065305500SED RATE	23.75	57.00 23.75	100 Mg.
10/31/0081901020MRI-THORACIC SPINE W/WO CONT	2.420.00	2.420.00	
10/31/0081901022MRI-LUMBAR SPINE W/WD CONTRA	1.877.00	1,877.00	
19/31/0075300186ACETAMINDPHEN 500MG CAPLETS	40	.40	
QUANTITY OF 2		. 40	
			of spi
	• t*		4 7



DEARIE, DENNIS M

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Patient's Name Account Number

016838070-0304 I 10/30/00

Date 1.1/14/00

Date 06/05/01

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						INCLIDANCE PORTION	IS COMPLITED
Patient's Name DEARIE,	DENNIS	M	Account NBR 016838070-0304	Date 06/05/01	Page No.	INSURANCE PORTION ACCORDING TO TH SUPPLIED BY YOUR INS	
POSTING DATE	REF NBR	DESCRIPTION			AMOUNT	INSURANCE PORTION	PATIENT PORTION
			0.5MG TABLET U	D	1.99	1.99	• •
		9LEVSIN 0.1			.95	• 95	
10/31/00	7539915		HEN 325MG TABLE TITY OF 8	T 2	1.60	1.50	
10/31/00	7598046	CAMITRIPTYL	INE 25MG TAB UD		1.90	1.90	
20102100			TITY OF 2				•
			75MG TABLET UD		3.31	3.31	
10/31/00	7599139		L 200MCG TABLET TITY OF 2	UD	3.76	3. 76	
11/01/00	3920000	1PRIVATE	063	701 3	90.00	390.00	
11/01/00	7500001	3DEX 5% W 1	OOML	1	45.86	145.86	
·••		QUAN	7117 OF 6	•			
11/01/00	7500018		% / NACL 0.45% TITY OF 3	100	89.97	89.97	
11/01/00	7500028		ORIDE 0.9% 150M		20.00	20.00	
			L 0.45% KCL 20M		42.64	42.64	•
		INAFCILLIN		C 4	95.32	95.32	
•		NAUG	TITY OF 6			77632	
11/01/00	7512420		100MG/IML VIAL		03.00	63.00	
11/01/00	7523775	OGENTAMICIN	BONG/2ML VIAL		24.00	24.00	
•			TITY UF 6		64.74	64.74	
11/01/00	7527250		CHLORIDE 40MEQ/ TITY OF 3	'20M	24.00	24.00	
			IN 500MG IN 05%		79.20	79.20	
11/01/00	7578020	MUISSATC95	CL RIDER 40MEQ/	100	20.32	20.32	
11/01/00	7599248	2FENTANYL 2	5MCG/HR PATCH 1	. EA	25.33	25.38	
11/01/00	8410001	5IV-START/R	ESTART		32.00	32.00	
11/01/00	4000004	BORESSING,	TEGADERM 2.38X2	2.75	1.15	1.15	
			UZE 4X4 10/PK 1		2.00	2.00	
		STAPE I" CL			3.10	3.10	



Patient's Name

DEARIE, DENNIS M

016838070-0304

06/05/01

PLEASE REFER TO PATIENT'S NAME AND ACCOUNT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE

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BILL TO DENNIS M DEARIE 15431 RED MAPLE PL GREENWELL SPRINGS

FEDERAL I.D. 72-0423651

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Patient's Name DEARIE,	DENNIS M		1 Date Page No. 7	INSURANCE PORTION ACCORDING TO THE SUPPLIED BY YOUR INS	I IS COMPUTED HE INFORMATION SURANCE CARRIER
POSTING	REF NBR DESCRIPTI	ON		INSURANCE	PATIENT
		HETER DUAL LUMEN ARR	TOTAL AMOUNT 48.50	PORTION	PORTION
11/01/00	40001597SET, IV	EXTENSION 7" 4438	5.30	48.50	
11/01/00	40002344INSYTE N	EEDLE 226 X 1#	3.35	5.30 3.35	
11/01/00	40003790IV START	KIT	5.05	5.05	
11/01/00	40019459IV SET,	PRIMARY W/O FILTER	10.00	10.00	
11/01/00	40061842ADAPTER,	CLAVE MALE LL	22.95	22.95	
		ANTITY OF 3		EE .	
11/01/00	52009623IV PUMP	2 CHANNEL	57.00	57.00	1
11/01/00	65004459MAGNESIU	M-SERUM	60.00	60.00	
11/01/00	65005450METABULI	C PANEL	124.00	124.00	1
11/01/00	65107526CULT BLD	DD-ROUTINE ADULT	210.00	210.00	
		ANTITY OF 2	State of the state		
11/01/00	651203378ACTERIA	L ID - SINGLE	38.50	38.50	
		ANTITY OF 2			
11/01/00	65301105CBC WITH	AUTO DIFF	48.25	48.25	
	80002074SINGLE V		87.00	87.00	
11/01/00	82000025MINDR PR		173.25	173.25	
		ANTITY OF 55	resignation of party		37
	93402412ECHOCARD		238.00	238.00	
11/01/00	92001058CARDIAC	MONITOR UP TO 4 HRS	24.00	24.00	- (m.
	8200155301NAMAP		24.00	24.00	
		AM 0.5MG TABLET UD	1.99	1.99	
11/01/00	75348409LEVSIN 0		1.90	1.90	•
11/01/00		ANTITY OF 2			
11/01/00		YLINE 25MG TAB UD	1.90	1.90	
11/01/00	VV 750015071 1510000	ANTITY OF 2		Market Services	
11/01/00	75791504E131NUFK	IL 10MG TABLET UD	2.15	拿一 2.15	
11/01/00			6.62	6.62	
11/01/00		ANTITY OF -2 TOL 200MCG TABLET UD			100
11/01/00		***	3.76	3.76	\$ 74.
11/02/00	39200001PRIVATE		200.00	200.00	
, 50, 50		063701	390.00	390.00	
			110		



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Patient's Name
DEARIE, DENNIS M

Account Number

Admission Date

Discharge

Billing Date

016838070-0304 I

I 10/30/00

11/14/00

06/05/01

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Patient's Name DEARIE DENNIS M	Account NBR 010838070-0304	Bill Date Page No.	INSURANCE PORTIO ACCORDING TO T SUPPLIED BY YOUR IN	N IS COMPUTED HE INFORMATION SURANCE CARRIER
POSTING DATE REF NBR DESCRIPTION		TOTAL AMOUNT	INSURANCE PORTION	PATIENT PORTION
11/02/0075000018DEX 5% W	100ML	145.86	145.86	<u> </u>
	ANTITY OF 6		1,300	•
11/02/0075000034DEX 5% W		23.50	23.50	
11/02/0075000182DEXTRUSE	5% / NACL 0.45%]	100 89.97	89.97	•
	ANTITY OF 3			
11/02/0075108431NAFCILLI	N 2GM VIAL	95.82	95.82	
	ANTITY OF 6	7	,,,,,	
11/02/0075124206MEPERIDI	NE 100MG/1ML VIAL	54.00	54.00	•
	ANTITY OF 6			
11/02/0075243907DROPERID	OL 2.5MG/ML 2ML AN	1P 64.74	64.74	
QU	ANTITY OF 6			
11/02/0075272500PUTASSIU	M CHLORIDE 40MEQ/2	20M 32.00	32.00	
QU.	ANTITY OF 4	_		
11/02/0075780001LEVOFLOX	ACIN 500MG IN D5W1	79.20	79.20	
11/02/0075991932MEPERIDI	NE 10MG/ML IN NS 1	.00 63.50	63.50	
11/02/0040001683SOD CHL	.9% INJ 250ML	2.55	2.55	•
11/02/0040019453IV SET,	SECUNDARY	5.75	5.75	
11/02/0040019459IV SET,	PRIMARY W/O FILTER	10.00	10.00	
11/02/0040060219SET, PCA	TUBING	33.50	33.50	
11/02/0052009623IV PUMP	2 CHANNEL	57.00	57.00	
11/02/0052060221PUMP, PC		72.00	72.00	
11/02/0065005450METABULI		124.00	124.00	
11/02/0065016073GENTAMIC	IN TROUGH-SERUM	66.00	66.00	
11/02/0080006653ABDUMEN	FLAT AND ERECT	215.00	215.00	
11/02/0675317370CLONAZEP	AM 0.5MG TABLET UE	1.99	1.99	
11/02/0075348409LEVSIN 0	.125MG TAB	1.90	1.90	
	ANTITY OF 2			
11/02/0075980460AMITRIPT	YLINE 25MG TAB UD	1.90	1.90	
	ANTITY OF 2			
11/02/0075981068HYDROCOD	ONE/ACETAMINOPHEN	5/ 5.00	5.00	
	ANTITY OF 2	-		
11/02/0075991584LISINOPR	IL 10MG TABLET UD	2.15	2.15	
				•



HOSPITAL RVICES

Patient's Name

DEARIE, DENNIS M

Account Number

38070-0304 I 10/3

Date:

Discharge Date Date

PLEASE REFER TO PATIENT'S NAME AND ACCOUNT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE

FOR BILLING INFORMATION CALL

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PHONE 225/765-8872

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	ate Page No. 5	INSURANCE PORTION ACCORDING TO TH SUPPLIED BY YOUR INS	IS COMPUTED IE INFORMATION URANCE CARRIER
POSTING		INSURANCE	PATIENT
DATE REF.NBR DESCRIPTION	TOTAL AMOUNT	PORTION	PORTION
11/02/0075991828DICLOFENAC 75MG TABLET UD QUANTITY OF 2	6.62	6.62	
11/02/0075991894MISUPROSTOL 200MCG TABLET UD QUANTITY OF 3	5.64	5.64	
11/03/0039200001PRIVATE 063701	390.00	390.00	10.55 A
11/03/0075000018DEX 5% W 100ML	170.17	170.17	
QUANTITY OF 7		1.5	
11/03/0075000182DEXTROSE 5% / NACL 0.45% 100	59.98	59.98	K'
QUANTITY OF 2	ar e idelember et.	3,0,0	5
11/03/0075108431NAFCILLIN 2GH VIAL	111.79	111.79	
QUANTITY OF 7		111017	***
11/03/0075243907DROPERIDOL 2.5MG/ML 2ML AMP	10.79	10.79	
11/03/0075272500PUTASSIUM CHLORIDE 40MEQ/20M	16.00	16.00	
QUANTITY OF 2		10.00	
11/03/0075780001LEVOFLOXACIN 500MG IN D5W100	79.20	79.20	
11/03/0075808143HEPARIN 100 UNITS/ML 10ML VI	8.00	8.00	
11/03/0040001969BASIN, EMESIS	•85	-85	
11/03/0040019452IV SET, PRIMARY W/FILTER	15.00	15.00	
11/03/0052009623IV PUMP 2 CHANNEL	57.00	57.00	Baylan ya e
11/03/0052060221PUMP, PCA	72.00	72.00	
11/03/0065005450METABOLIC PANEL	124.00	124.00	2.00
11/03/0065107526CULT BLOOD-ROUTINE ADULT	210.00	210.00	
QUANTITY OF 2	210.00	210.00	
11/03/0075317370CLONAZEPAM 0.5MG TABLET UD	1.99	1.99	
11/03/0075348409LEVSIN 0.125MG TAB	1.90	1.90	
QUANTITY OF 2	1.70	1.50	
11/03/0075980460AMITRIPTYLINE 25MG TAB UD.	1.90	1.90	
QUANTITY OF 2	1.0.70	图 1.0 70	
11/03/0075991584LISINOPRIL 10MG TABLET UD	2.15	2.15	(a)
11/03/0075991828DICLOFENAC 75MG TABLET UD	6.62	6.62	
QUANTITY OF 2	U•U2	0.02	
11/03/0075991894MISOPROSTOL 200MCG TABLET UD	3.76	3.76	. 11] + (*)
QUANTITY OF 2		The state of the s	W. 1 (1)
	and the second		
	* · · · · · · · · · · · · · · · · · · ·		



** PEPRINT ** - KSA HOSPITAL RVICES

P.O. Box 14790 • Baton Rouge • LA 70898-4790

Patient's Name Account Number

DEARIE, DENNIS M

016838070-0304 I

Date 10/30/00

Discharge Date Billing

11/14/00 06/05/01

PLEASE REFER TO PATIENT'S NAME AND ACCOUNT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE

FOR BILLING INFORMATION CALL

BUSINESS OFFICE (EL)

PHONE 225/765-8872

BILLTO
DENNIS M DEARIE
15431 RED MAPLE PL
GREENWELL SPRINGS LA 70739-3530

FEDERAL I.D. 72-0423651

Hospital Has Private Rooms Only

IMPORTANT: PLEASE DETACH AND RETURN THE TOP PORTION OF THIS STATEMENT WITH YOUR REMITTANCE TO ASSURE PROPER CREDIT

COMPENSATION

C07

Patient's Name DEARIE DENNIS M	Account NBR 016838070-0304	Bill Date Page No. 7	INSURANCE PORTICACCORDING TO SUPPLIED BY YOUR IN	THE INFORMATION
POSTING			INSURANCE	PATIENT
DATE REF NBR DESCRIPTION 11/04/0039200001PFIVATE	8/ 33	TOTAL AMOUNT	PORTION	PORTION
11/04/007500001FR1VATE	0637		390.00	
	TITY OF 8	194.48	194.48	
11/04/0075000182DEXTROSE 5		00 07		
		00 89.97	89.97	•
11/04/007500028150DIUM CHL		20.00	20.00	•
11/04/00751G8431NAFCILLIN		20.00 127.76	20.00	
	TITY OF 8	127.10	127.76	•
11/04/0075237750GENTAMICIN		24 00	27.00	
	FITY OF 3	24.00	24.00	
11/04/0075243907DROPERIDOL		P 10.79	10 70	
11/04/0075272500POTASSIUM (THE ADDITION AND AND AND AND AND AND AND AND AND AN	0M 24.00	10.79	
	TITY OF 3	Un 24.00	24.00	
11/04/0075780001LEVBFLDXAC		00 79.20	79.20	
11/04/0075991932MEPERIDINE	TOMO / MI THING T	00 63.50	63.50	
11/04/0075992484FENTANYL 50	TOHOUNE IN NO I	EA 38.05		·
11/04/0040003831SUBCLAVIAN	DPESSING KITS	11.75		•
11/04/0052009623IV PUMP 2 (57.00	57.00	
11/04/0052060221PUMP, PCA		72.00	72.00	
11/04/0065005450METABULIC		124.00		
11/04/0065301105CBC WITH AL		48.25		
11/04/0075317370CLUNAZEPAM		1.99		
11/04/0075348409LEVSIN 0.1		1.90		
	TITY UF 2	1.070	1 • 70	
11/04/0075980460AHITRIPTYL		1.90	1.90	
	TITY OF 2	1.6 70	1.50	
-11/04/0075991584LISINUPRIL		2.15	2.15	
11/04/0075991828DICLOFENAC		6.62		
	TITY OF 2	0.02	0.02	
11/04/0075991894MISUPKOSTO		UD 1.88	1.88	
11/05/0039200001PRIVATE	0637			
11/05/0075000018DEX 5% H 1		145.86	- · · · ·	
	TITY OF 6	145.00	145100	



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Patient's Name

Account Numbe

DEARIE, DENNIS M

016838070-0304 1

10/30/00

Date 11/14/00

Date 06/05/01

PLEASE REFER TO PATIENT'S NAME AND ACCOUNT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE

FOR BILLING INFORMATION CALL

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C07

Patient's Name DEARIE, DENNIS M	Account NBR 016838070-0304	Bill Date Page No. 06/05/01 8	INSURANCE PORTION ACCORDING TO TO SUPPLIED BY YOUR IN	N IS COMPUTED HE INFORMATION SURANCE CARRIER
POSTING			INSURANCE	PATIENT
DATE REF.NBR DESCRIPTION		TOTAL AMOUNT	PORTION	PORTION
11/05/00750001820EXTROSE	NTITY OF 2	.00	59.98	
11/05/0075000281SDDIUM CH		20.00		
11/05/0075108431NAFCILLIN	SCH ALVI		20.00	14
·	NTITY OF 6	95.82	95.82	100
11/05/0075237750GENTAMICI		24.00	24.00	
	NTITY OF 3	24.00	24.00	No.
11/05/0075243907DROPERIDO		IP 10.79	10.79	
11/05/0075272500PUTASSIUM	CHLURIDE 40MEQ/2	OM 16.00	Ω.	
. QUAI	NTITY OF 2			
11/05/0075780001LEVUFLOXA	CIN 500MG IN D5W1	79.20	79.20	
11/05/0075808143HEPARIN 10	DO UNITS/ML TOML	VI 8.00	8.00	K.
11/05/0075991932MEPERIDINE	E 10MG/ML IN NS 1	.00 63.50	63.50	100 mg
11/05/0052009623IV PUMP 2	CHANNEL	57.00	57.00	
11/05/0052060221PUMP, PCA		72.00		
11/05/0065301115CBC WITH !	MANUAL DIFF	57.00		
11/05/0075317370CLONAZEPAI	H 0.5MG TABLET UD			
11/05/0075348409LEVSIN 0.		1.90	1.90	
11/05/0075399154ACETAMINO	NTTITY OF 2			TY
	PHEN 325MG TABLET NTITY OF 6	2 1.20	1.20	
11/05/0075980460AHITRIPTY		1.90	1.90	
	ATITY OF 2	1.90	1.90	
11/05/0075991584LISINDPRI		4.30	4.30	
	NTITY OF 2			
11/05/0075991828DICLOFENA		6.62	6.62	A STATE
	NTITY OF 2	To all the states of them	AND DESCRIPTION OF THE PARTY.	
11/06/0039200001PRIVATE	0637	701 390.00	390.00	
11/06/0081901014MRI-PARAM	AGNETIC CONTR 10	ML 279.00	279.00	
11/06/0075000018DEX 5% W		1.45.86	145.86	- · · ·
	NTITY OF 6		* ******	by prince
11/06/0075000182DEXTROSE		100 🙀 59.98	59.98	
AUD	NTITY OF 2	vet v - v - v - v - v - v - v - v - v -		artinistica Nationalistica
			Control of the contro	



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Account Number

Admission Date

Discharge

Billing Date

DEARIE, DENNIS M

016838070-0304 I

10/30/00 11/14/00

06/05/01

PLEASE REFER TO PATIENT'S NAME AND ACCOUNT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE

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BUSINESS OFFICE (EL)

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15431 RED MAPLE PL
GREENWELL SPRINGS LA 70739-3530

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COMPENSATION

C07

Patient's Name DEARIE DENNIS M	Account NBR 016838070-0304	Bill Date Page No. 06/05/01 9		N IS COMPUTED HE INFORMATION SURANCE CARRIER
POSTING DESCRIPTION DESCRIPTIO	ON The state of th	TOTAL AMOUNT	INSURANCE PORTION	PATIENT
11706/00750002815001UM C		20.00	to a contract to the contract	PORTION
11/06/0075108431NAFCILLI			20.00	
	ANTITY OF 6	95.82	95.82	
11/06/0075237750GENTANIO		24 00	24.00	
QL.	IANTITY OF 3	24.00	24.00	
11/06/0075272500POTASSIL	IM CHLORIDE 40MEQ/2	0M 16.00	16.00	
	IANTITY OF 2			
11/06/0075808143HEPARIN			8.00	•
11/06/0075992484FENTANYL	. 50MCG/HR PATCH 1	EA 38.05	38.05	
11/06/0040000169TAPE 1"		3.10	3.10	
11/06/0040019452IV SET,	PRIMARY W/FILTER	15.00	15.00	
11/06/0040019453IV SET,		5.75	5.75	
11/06/0052009623IV PUMP	2 CHANNEL	57.00	57.00	*
11/06/0052060221PUMP, PC		72.00	72.00	•
11/06/0081901022MRI-LUMB	AR SPINE W/WO CONT	RA 1,877.00	1,877.00	•
11/06/0075317370CLONAZEP	AM 0.5MG TABLET UD	1.99	1.99	
11/06/0075348409LEVSIN 0	.125MG TAB	1.90	1.90	
	IANTITY OF 2			•
11/06/0075399154ACETAMIN	IOPHEN 325MG TABLET	2 .80	-30	
11/06/0075980460AMITRIPT		1.93	1.90	
	IANTITY OF 2	1.70	1.90	
11/06/0075991584LISINOPR	IL 10MG TABLET UD	4.30	4.30	
90 11/06/007599182801CLUFEN	JANTITY OF 2			
		5.62	6.62	•
	IANTITY OF 2			
11/06/0075991894MISOPROS		3.76	3.76	
11/07/0039200001PRIVATE	JANTITY OF 2	••		
	0537			
11/07/0075000018DEX 5% V		145.86	145.86	
	JANTITY OF O			
11/07/0075000182DEXTRUSE		00 89.97	89.97	
ΰί	JANTITY OF 3	· · · · · · · · · · · · · · · · · · ·		



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Patient's Name

DEARIE, DENNIS M

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COMPENSATION

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PODE NO.	INSURANCE PORTION ACCORDING TO THE SUPPLIED BY YOUR INS	IE INFORMATION
POSTING	INSURANCE	PATIENT
DATE REF NBR DESCRIPTION TOTAL AMOUNT	PORTION:	PORTION
11/07/0075000281SDDIUM CHLORIDE 0.9% 150ML 20.00	20.00	
11/07/0075108431NAFCILLIN 2GM VIAL 95.82	95.82	
QUANTITY OF 6 11/07/0075124156MEPERIDINE 50MG VIAL 9-00		
11/07/0075007770077700	9.00	
QUANTITY OF 3	24.00	
	10.79	
11/07/0075272500PGTASSIUM CHLORIDE 40MEQ/20M 24.00 QUANTITY OF 3	24-00	
11/07/0075991932MEPERIDINE 10MG/ML IN NS 100 63.50	42 50	
11/07/0075992488FENTANYL 100MCG/HR PATCH 1 E 72.42	63.50	
11/07/0040003831SUBCLAVIAN DRESSING KITS 11.75	11.75	
11/07/0052009623IV PUMP 2 CHANNEL 57.00	57.00	
11/07/0052060221PUMP, PCA 72.00	72.00	Barren .
11/07/0065301105CBC WITH AUTO DIFF 48.25	48.25	KSW-
11/07/0065305500SED RATE 23.75	23.75	
11/07/0075317370CLONAZEPAM 0.5MG TABLET UD 1.99	1.99	
11/07/0075348409LEVSIN 0.125MG TAB	1.90	
QUANT1TY UF 2 (本語)		1
11/07/0075980460AMITRIPTYLINE 25MG TAB UD 1.90	1.90	
QUANTITY OF 2		low)
11/07/0075991584LISINOPRIL 10MG TABLET UD 4.30	4.30	
QUANTITY OF 2		
11/07/0075991894MISOPROSTOL 200MCG TABLET UD 3.76	3.76	
QUANTITY OF 2	;	
11/08/0039200001PRIVATE 063701 390.00	390.00	,
11/08/0075000018DEX 5% W 100ML 121-55	121.55	A STATE OF THE STA
QUANTITY OF 5		8
11/08/0075000182DEXTROSE 5% / NACL 0.45% 100 59.98	59.98	
QUANTITY OF 2 11/03/0075000281SODIUM CHLORIDE 0.9% 150ML 20.00		
11/00/00/00/01/00/01/01	20.00	4.
	79.85	
QUANTITY OF 5		
	Control of the Contro	1200



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Patient's Name DEARIE, DENNIS M

016838070-0304 I 10/30/00 11/14/00

06/05/01

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BUSINESS OFFICE (EL)

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FEDERAL I.D. 72-0423651

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COMPENSATION

C07

Patient's Name DEARIE, DENNIS M	d Account NBR d 16838070-0304	Bill Date Page No. 06/05/01 11	INSURANCE PORTIO ACCORDING TO SUPPLIED BY YOUR IN	THE INFORMATION
POSTING DATE REF NBR DESCRIPTION		TOTAL AMOUNT	INSURANCE PORTION	PATIENT PORTION
11/08/0075237750GENTANICIN	SCMG/2ML VIAL TITY OF 3	24.00	24.00	PORTION
11/08/0075272500PUTASSIUM		16.00	16.00	
11/08/0075808143HEPARIN 10		VI 8.00	8.00	
11/08/0040003831SUBCLAVIAN	DRESSING KITS	11.75	11.75	
11/08/0040019452IV SET, PR		15.00	15.00	
11/08/0052009623IV PUNP 2	CHANNEL	57.00	57.00	•
11/08/0052060221PUMP, PCA		72.00	72.00	
11/08/0075300202RIFAMPIN 30 QUAN	OOMG CAP TITY OF 2	10.72	10.72	
11/08/0075317370CLONAZEPAM	C.5MG TABLET UD	1.99	1.99	•
11/08/0075348409LEVSIN 0.1	25MG TAB	1.90	1.90	
QUAN	TITY OF 2		1 1	
11/08/0075980460AMITRIPTYL	INE 25MG TAB UD	1.90	1.90	
	TITY OF , 2		.,	
11/08/0075991828DICLOFENAC		3.31	3.31	
11/08/0075991894MISOPROSTO	L 200MCG TABLET	U0 I.88	1.88	
11/09/0039200001PRIVATE	6637	701 390.00	390.00	
11/09/0075000018DEX 5% W 1	DOML	170.17	170.17	
	TITY OF 7	-		
11/09/00750002815UDIUM CHL	DRIDE 0.9% 150ML	20.00	20.00	
11/09/0075108431NAFCILLIN		111.79	111.79	
	TITY OF 7			
11/09/0075237750GENTAMICIN QUAN	80MG/2ML VIAL TITY OF 3	24.00	24.00	
11/09/0075243907DROPERIDOL	2.5MG/ML 2ML ANTITY UF 2	1P 21.58	21.58	
11/09/0075808143HEPARIN 10		VI 8.00	8.00	
11/09/0075991932MEPERIDINE			63.50	
11/09/0040019452IV SET, PR	IMARY W/FILTER	15.00	15.00	
11/09/0052009623IV PUMP 2		57.00	57.00	
11/09/0052060221PUMP, PCA		72.00		•

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Patient's Name

DEARIE, DENNIS M

016838070-0304

06/05/01

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FEDERAL I.D. 72-0423651

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COMPENSATION

C07

Pattent's Name DEARIE, DENNIS M	Account NBR 016838070-0304	BIII Date Page No. 12	INSURANCE PORTION ACCORDING TO THE SUPPLIED BY YOUR INS	I IS COMPUTED HE INFORMATION SURANCE CARRIER
POSTING DATE REFINER DESCRIP	TON		INSURANCE	PATIENT
DATE REF NBR DESCRIP		TOTAL AMOUNT	PORTION	PORTION
11/09/0065107526CULT BL	DOD-POUTTNE ABOUT	124.00	124.00	.
	UANTITY OF 2	210.00	210.00	Paris (
11/09/0065301105CBC WIT	H AUTO DIFF	48.25	48.25	
11/09/0075300202RIFAMPI	N 300MG CAP	10.72	10.72	
	UANTITY OF 2		10.12	2
11/09/0075317370CLONAZE	PAM 0.5MG TABLET UD	1.99	1.99	926
11/09/0075348409LEVSIN	0.125MG TAB	1.90	1.90	**
	UANTITY OF 2		A 2110	
11/09/0075980460AMITRIP		1.90	1.90	
	UANTITY OF 2			
11/09/0075991584LISINDP		4.30	4.30	
11/00/007500102025	UANTITY OF 2			
11/09/0075991828DICLOFE		6.62	6.62	
11/09/007500180/4150000	UANTITY OF 2			
11/09/0075991894MISOPRO	STUL ZUUMCG TABLET	UD 3.76	3.76	
11/10/0039200001PRIVATE	UANTITY OF 2	01		
11/10/0075000018DEX 5%		01 390.00	390.00	## P
	UANTITY OF 6	145.86	145.86	
11/10/0075000182DEXTROS	E 5% / NACL 0.45% 1	00 29.99	29.99	15.
11/19/0075000281SDDIUM	CHLORIDE 0.9% 150M	20.00	20.00	
11/10/0075100057FENTANY	L 0.05MG/ML 5ML AMP	9.00	9.00	
11/10/0075108431NAFCILL	IN 2GM VIAL	95.82	95.82	
Q	UANTITY OF 6		The state of the s	
11/10/0075203034LIDUCAI	NE 2% (100MG/5ML) 5	ML 8.00	8.00	
11/10/0075237750GENTAMI	CIN 80MG/2ML VIAL	24.00	24.00	und w
9	UANTITY OF 3			
11/10/0075243907DROPERI	DOL 2.5MG/ML 2ML AM	P 10.79	10.79	
11/10/0075272500POTASSI	UM CHLORIDE 40MEQ/2	OM 8.00	8.00	The Control of the Co
11/10/0075279869METUCLU	PRAMIDE 10MG/2ML VI		8.00	
11/10/0075992358SODIUM	CHLURIDE .9% SDV 20	-	8.00	garden and
11/10/0075992512MIDAZDL	AM ING/ML ZML MDV	11.01	11.01	
		* ****		
	7 T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Minima de la companya della companya



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DEARIE, DENNIS M

016838070-0304

10/30/00

11/14/00

06/05/01

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BILL TO DENNIS M DEARIE

15431 RED MAPLE PL

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Patient's Name DEARIE, DENNIS M 016838070-0304	Bill Date Page No. 13	INSURANCE PORTION ACCORDING TO TO SUPPLIED BY YOUR INS	N IS COMPUTED HE INFORMATION SURANCE CARRIER
POSTING DATE DESCRIPTION	TOTAL AMOUNT	INSURANCE PORTION	PATIENT PORTION
11/10/00759925230NDANSETRUN 2MG/ML (1ML C	HAR 57.18	57.18	
11/10/0075992582PROPOFOL 10MG/ML IV EMULS	31.38	31.38	
11/10/0040000048DRESSING, TEGADERM 2.38X2	2.75 1.15	1.15	v.
11/10/0040000049DRESSING. TEGADERM 4"X4"	3.60	3.60	•
11/10/0040000146SPONGE, DRESS SOF-WICK 4X	.85	•85	*
11/10/0040000150SPONGE, SURGICEL 4 X 8	77.00	77.00	•
11/10/0040000303POSITIONER, DONUT AID	3.55	3.55	7.0
11/10/0040000342POSITIONER, PROTECTOR ELE	30W 8.45	8.45	12
11/10/0040001269GLOVE, ULTRADERH BROWN 6.	5 7.90	7.90	
11/10/0040001271GLOVE, ULTRADERH BROWN 7.	5 7.95	7.95	
11/10/0040001668LACTATED RINGERS INJ USP	100 3.35	3.35	
11/10/0040001710SOLUTION, IRRIGATE N/S BT	500 3.40	3.40	
11/10/0040001841PAD, ELECTRODE RETURN ADU	JLT 11.50	11.50	112
11/10/0040002273VASELINE JELLY 1 0Z TUBE	2.60	2.60	Ø.,
11/10/0040002784SUTURE, ETHILON 2 LR-LR 7	75CM 11.25	11.25	
11/10/0040003831SUBCLAVIAN DRESSING KITS	11.75	11.75	2
11/10/0040003838INSTRUMENT SET DISPOSABLE	19.75	19.75	T.
11/10/0040006457SDLUTION, DURAPREP	21.00	21.00	N-1.
11/10/0040009921PACK, MAJOR-SURGERY	86.00	86.00	
11/10/0040019453IV SET, SECONDARY	5.75	5.75	
11/10/0040019502GLOVE, BIDGEL WHITE 7	13.20	13.20	•
QUANTITY OF 2		•	
11/10/0040019628CATH, HICKMAN SINGLE LUME	N 9 106.00	106.00	. •
11/10/0040025438MONUCRYL 4-0 PS-2	14.50	14.50	
11/10/0040050359BOVIE OR VAL LAB	9.45	9.45	
11/10/0040059254DRAPE, LAP VHA+	23.25	23.25	
11/10/0040061842ADAPTER, CLAVE MALE LL	7.65	7.65	. :
11/10/0050016841SENSOR GUARD BANDAGE, ADL	JLT 5.30	5.30	
11/10/0050025497FLEXISENSDR, ADULT	6.00	6.00	•
11/10/0052009623IV PUMP 2 CHANNEL	57.00	57.00	
11/10/0052060221PUMP, PCA	72.00	72.00	
11/10/00800020745INGLE VIEW CHEST	87.00	87.00	•
11/10/0080009806FLUDROSCOPY GREATER THAN	1 н 396.00	396.00	

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DEARIE, DENNIS M

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BUSINESS OFFICE (EL)

PHONE 225/765-8872

BILL TO DENNIS M DEARIE

15431 RED MAPLE PL GREENWELL SPRINGS LA 70739 FEDERAL I.D. 72-0423651

Hospital Has Private Rooms Only

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COMPENSATION

C07

Petient's Name DEARIE, DENNIS M 016838070-0304 06/05/01 14	INSURANCE PORTION IS COMPUTED ACCORDING TO THE INFORMATION SUPPLIED BY YOUR INSURANCE CARRIER
POSTING	INSURANCE
DATE REF.NBR DESCRIPTION TOTAL AMOUNT 11/10/007000007SURGERY MINUTES 940.00	PORTION PORTION
	940.00
11/10/00/00/00/00/00/00/00/00/00/00/00/0	
	251.00
11/10/0040055967SHEATH, 10-12 FR, PEEL AWAY 112.00 11/10/0082000021RECUVERY ROOM MINUTES-2 225.00	112.00 3.225.00
QUANTITY OF 50	223.00
11/10/0082001058CARDIAC MONITOR UP TO 4 HRS 24.00	24.00
11/10/0082001553DINAMAP MONITOR 24.00	24.00
11/10/0075300202RIFAMPIN 300MG CAP 5.36	5.36
11/10/0075317370CLONAZEPAM 0.5MG TABLET UD 1.99	1.99
11/10/0075348409LEVSIN 0.125MG TAB	1.90
QUANTITY OF 2	
11/10/0075399154ACETAMINOPHEN 325MG TABLET 2 .40	-40
QUANTITY OF 2	
11/10/0075980460AMITRIPTYLINE 25MG TAB UD 1.90	1.90
QUANTITY OF 2	
11/10/0075991584LISINOPRIL 10MG TABLET UD 4.30 QUANTITY OF -2	4.30
11/10/0075001 9290 to OFFILE THE THE THE THE	
QUANTITY OF 2	6.62
11/10/0075991894MISOPROSTOL 200MCG TABLET UD 1.88	1 00
11/11/0039200001PRIVATE 063701 390.00	1.88 390.00
11/11/0075000018DEX 5% W 100ML	145.86
QUANTITY OF 6	
11/11/0075000182DEXTRUSE 5% / NACL 0.45% 100 29.99	29.99
11/11/0075000281SDDIUM CHLORIDE 0.9% 150ML	THE STATE OF THE S
11/11/0075108431NAFCILLIN 2GM VIAL 95.82	95.82
QUANTITY OF 6	
11/11/0075237750GENTAMICIN 80MG/2ML VIAL 24.00	24.00
QUANTITY OF 3	
11/11/0075243907DROPERIDOL 2.5MG/ML 2ML AMP 21.58	21.58
QUANTITY OF 2 11/11/0075272500PUTASSIUM CHLORIDE 40MEQ/20M 8.00	
11/11/00/52/2500PUTA551UM CHEURIDE 40MEQ/20M 8.00	8.00
The second secon	
** Place and the second	



** REPRINT ** - KSA

Account Number

Date

Discharge

Date

DEARTE, DENNIS M

016838070-0304 I 10/30/00

0 11/14/00

06/05/01

PLEASE REFER TO PATIENT'S NAME AND ACCOUNT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE

FOR BILLING INFORMATION CALL

BUSINESS OFFICE (EL)

PHONE 225/765-8872

BILLTO
DENNIS M DEARIE
15431 RED MAPLE PL
GREENWELL SPRINGS LA 70739-3530

FEDERAL I.D. 72-0423651

Hospital Has Private Rooms Only

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COMPENSATION

C07

Patient's Name DEARIE, DENNIS M	Account NBR 016838070-0304 00	Date Page No. 5/05/01 15	INSURANCE PORTION ACCORDING TO TH SUPPLIED BY YOUR INS	IS COMPUTED E INFORMATION URANCE CARRIER
POSTING DATE REF NBR DESCRIPTION	N	TOTAL AMOUNT	INSURANCE	PATIENT PORTION
11/11/0075991932MEPERIDIN		63.50	63.50	
#1/11/0040000048DRESSING,	TEGADERM 2.38X2.75	1.15	1.15	
11/11/0040002202STOCKING,	TED HOSE LARGE/REG	25.75	25.75	1.4
11/11/0040003831SUBCLAVIA	N DRESSING KITS	11.75	11.75	والمتريخ المتراجع
11/11/0040019452IV SET, P		30.00	30.00	
	INTITY OF 2			
11/11/0040019453IV SET, S	SECONDARY	5.75	5.75	1.77
11/11/0052009623IV PUMP 2	! CHANNEL	57.00	57.00	
11/11/0052060221PUMP+ PCA	·	72.00	72.00	r ja
11/11/0077001469PT EVALUA	TION	172.00	172.00	
11/11/0075300202RIFAMPIN	300MG CAP	10.72	10.72	
	NTITY OF .2			
11/11/0075317370CLONAZEPA		1.99	1.99	
11/11/0075348409LEVSIN 0.		•95	•95	rie.
11/11/0075399154ACETAMING	PHEN 325MG TABLET 2	. 40	.40	
A comment of the second of the	NTITY OF 2	•	5.5 ·) #	
11/11/0075980460AMITRIPTY		1.90	1.90	
	INTITY OF 2			
11/11/0075991584LISINOPRI		34.40	34.40	###
	NTITY OF 16			14.
11/11/0075991828DICLOFENA		3.31	3.31	
11/11/0075991894MISOPROST		3.76	3.76	
	NTITY OF 2		14.8	*
11/12/0039200001PRIVATE	. 063701	390.00	390.00	
11/12/0075000018DEX 5% W		145.86	145.86	
	ANTITY OF 6			١٠١٤
11/12/0075000182DEXTROSE	5% / NACL 0.45% 100		29.99	(
11/12/007500028150DIUM CH	LURIDE 0.9% 150ML	20.00	20.00	
11/12/0075108431NAFCILLIN		95.82	95.82	
	ANTITY OF 6			• 85°
11/12/0075237750GENTAMIC	• • • • • •	24.00	24-00	*.
QUA	ANTITY OF 3		•	



ARIE, DENNIS M

PLEASE REFER TO PATIENT'S NAME AND ACCOUNT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE
FOR BILLING INFORMATION CALL

BUSINESS OFFICE (EL)

BILL TO DENNI'S M DEARIE 15431 RED MAPLE PL GREENWELL SPRINGS LA-70739

FEDERAL I.D. 72-0423651

Hospital Has Private Rooms Only

COMPENSATION

C07

INSURANCE BENEFITS ASSIGNED

	SURANCE PORTION IS COMPUTED CORDING TO THE INFORMATION PPLIED BY YOUR INSURANCE CARRIER
POSTING DATE REFINER DESCRIPTION TOTAL AMOUNT	NSURANCE PATIENT
	PORTION B PORTION
QUANTITY OF 2	21.58
11/12/0075272500POTASSIUM CHLORIDE 40MEQ/20M 8.00	8.00
11/12/0040003831SUBCLAVIAN DRESSING KITS 11.75	11.75
11/12/0052009623IV PUMP 2 CHANNEL 57.00	57.00
11/12/0052060221PUMP, PCA 72.00	72.00
11/12/0075300202RIFAMPIN 300MG CAP 16.08	16.08
QUANTITY OF 3	
11/12/0075317370CLONAZEPAM 0.5MG TABLET UD	1.99
11/12/0075348409LEVSIN 0.125MG TAB	1.90
QUANTITY OF 2	
11/12/0075399154ACETAMINOPHEN 325MG TABLET 2 .60	.60
QUANTITY OF 3	
11/12/0075980460AMITRIPTYLINE 25MG TAB UD 1.90	1.90
QUANTITY OF 2	
11/12/0075991584LISINOPRIL 10MG TABLET UD 4.30	4-30
QUANTITY OF 2	
11/12/0075991828DICLOFENAC 75MG TABLET UD 6.62	6.62
QUANTITY OF 2	
11/12/0075991894MISOPROSTOL 200MCG TABLET UD 3.76	3.76
QUANTITY OF 2 11/13/0039200001PRIVATE 063701 390.00	
	390.00
11/13/00/50000180EX 52 W 100ML 48.62 48.62	48.62
QUANTITY OF 2	31.94
11/12/00752/20070000000000000000000000000000	
11/13/00/524390/URUPERIDUL 2.5MG/ML 2ML AMP 10.79/11/13/9075780207PUTASSIUM CL RIDER 40MEQ/100 40.64	10.79
QUANTITY OF 2	40.64
11/13/0040000182TAPE, SILK 1" DURAPORE 2.30	2.30
11/13/0040019453IV SET, SECONDARY 5.75	5.75
11/13/0052009623IV PUMP 2 CHANNEL 57.00	£ 57.00
11/13/0052060221PUMP, PCA 72.00	72.00

INSURANCE HAS BEEN FILED

DENNI'S M

PLEASE REFER TO PATIENT'S NAME AND ACCOUNT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE

FOR BILLING INFORMATION CALL

BUSINESS OFFICE (EL)

PHONE 225/765-8872

BILL TO DENNIS M DEARIE. 15431 RED MAPLE PL

FEDERAL I.D. 72-0423651

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COMPENSATION

C07

Patient's Name	Account NBR	(Bill Date Page No.	INSURANCE PORTIO	N IS COMPUTED
DEARIE. DENNIS M	016838070-0304	06/05/01 17	INSURANCE PORTION ACCORDING TO TO SUPPLIED BY YOUR IN:	SURANCE CARRIER
POSTING		AND THE PROPERTY OF THE PROPER	INSURANCE.	
DATE REF NBR DESCRIPTION		TOTAL AMOUNT	PORTION	PATIENT PORTION
11/13/0065005456COMPREHENS	IVE METABOLIC PA	NE 131.00	131.00	المتعاطفة المتعادية
11/13/0065301105CBC WITH A	UTO DIFF	48.25	48.25	
11/13/0075300202RIFAMPIN 3	OOMG CAP	16.08	16.08	
	TITY OF 3	* 20000		
11/13/0075317370CLONAZEPAM	0.5MG TABLET UD	1.99	1.99	
11/13/0075348409LEVSIN 0.1	25MG TAB	1.90	1.90	
** ** ** · · · · · · · · · · · · · · ·	TITY OF 2		20,0	
11/13/0075780310ZALEPLON 5	MG CAPSULE	3.44	3.44	
11/13/0075980460AMITRIPTYL	INE 25MG TAB UD	1.90	1.90	
	TITY OF 2			Fig. 4
11/13/0075991584LISINOPRIL	10MG TABLET UD	4.30	4.30	
QUAN'	TITY OF 2			
11/13/0075991828DICLOFENAC	75MG TABLET UD	6.62	6.62	
	TITY OF 2		3.	120
11/13/0075991894MISOPROSTO	L 200MCG TABLET	JD 3.76	3.76	
QUAN	TITY OF 2			
11/14/0075000018DEX 5% W 1	OOML	145.86	145.86	
QUAN	TITY OF -56			25-2
11/14/0075000182DEXTROSE 5	% / NACL 0.45% 1	29.99	29.99	· · ·
11/14/0075108431NAFCILLIN	2GM VIAL	95.82	95.82	
QUAN		31		
11/14/0075272500PUTASSIUM	CHLORIDE 40MEQ/2	00.8 MO	8.00	
11/14/0040003831SUBCLAVIAN	DRESSING KITS	11.75	11.75	
11/14/0052009623IV PUMP 2	CHANNEL AND	57.00	57.00	
11/14/0052060221PUMP, PCA		72.00	72.00	4.3
11/14/0065004459MAGNESIUM-		60.00	60.00	
11/14/0065005456COMPREHENS	IVE METABOLIC PA	NE 131.00	131.00	E E S
11/14/0075300202RIFAMPIN 3	OOMG CAP	5.36	5.36	5
11/14/0075348409LEVSIN 0.1	25MG TAB	• 95	.95	
11/14/0075991584LISINOPRIL		4.30	4.30	
QUAN	TITY OF 2	- -		
11/14/0075991828DICLOFENAC	75MG TABLET UD	3.31	3.31	40
11/14/0075991894MISOPROSTO	L 200MCG TABLET	UD 1.88		Section 1
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PLEASE REFER TO PATIENT'S NAME AND ACCOUNT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE FOR BILLING INFORMATION CALL

BUSINESS OFFICE (EL)

PHONE 225/765-8872

DENNIS M DEARIE 15431 RED MAPLE PL GREENWELL SPRINGS LEAS

FEDERAL I.D. 72-0423651

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STATEMENT WITH YOUR REMITTANCE TO ASSURE PROPER CREDIT

COMPENSATION

C07

Patient's Name DEARIE		Account NBR Q16838070-	0304 06/05/01 18	INSURANCE PORTION ACCORDING TO THE SUPPLIED BY YOUR INS	IS COMPUTED E INFORMATION JRANCE CARRIER
POSTING			TOTALAMOUNT	INSURANCE PORTION	
11/17/0	039910911LA	MANDATED SERVICE C	HG IP 30.00	30.00	
•		QUANTITY OF 1			
		SUB-TOTAL OF	CHARGES 30,921.79	30,921.79	
11/17/0	000114151LA	HANDATED SERV CHG	WRITEDF		30.00
· .		D BY LA MANDATED C	and the second s		
*.	τοτ	AL PAYMENTS AND AD	JUSTMENTS		30.00
*		DTAL CHARGES AND I	NSURANCE \$30,891.79	30,921.79	
		NOTHING DUE AT T	HIS TIME		30.00
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					Selection of

PATHOLOGY GROUP OF LOUISIANA A PROFESSIONAL MEDI P.O. BOX BATON ROUGE, LOUI-ANA 70884 (225) 769-9993 885-3506 S5 P1

DENNIS DEARIE 15431 RED MAPLE PL GREENWEL SPGS LA 707393530

PAYING BY CREDIT CA	RD FILL OUT BELOW Exp. Date:	·
Card # Signature: Jame of Cardholder:		
STATEMENT DATE	PAY THIS AMOUNT	ACCT. #
11/19/2000	\$773.00	L16838070
Page # 1	SHOW AMOU PAID HERE	JNT \$

REMIT TO:

PATHOLOGY GROUP OF LOUISIANA P.O. BOX 84030 BATON ROUGE, LA 70884-4030

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMEN

DATE	CODE	DESCRIPTION	AMOUNT
10/28/00	85007	BLOOD COUNT MANUAL DIFFERENTIAL WBC	6.00
10/28/00	80048	BASIC METABOLIC PANEL	19.00
10/28/00	85023	CBC HEMOGRAM, PLATELET COUNT AUTO &MA	14.00
10/28/00	81000	URINALYSIS WITH MICROSCOPY	6.00
10/28/00	82150	AMYLASE	11.00
10/28/00	83690	LIPASE	8.00
10/28/00	80076	HEPATIC FUNCTION PANEL	23.00
10/28/00	87086	CULTURE BACTERIAL URINE QUANTITATIVE	11.00
-10/28/00	87040	CULTURE BACTERIAL DEFINITIVE BLOOD	_13.00
10/28/00	87040	CULTURE BACTERIAL DEFINITIVE BLOOD	13.00
10/28/00	87797	INFECTIOUS AGENT DETECT NUCLEIC ACID	20.00
10/28/00	87797	INFECTIOUS AGENT DETECT NUCLEIC ACID	20.00
10/28/00	87797	INFECTIOUS AGENT DETECT NUCLEIC ACID	20.00
10/28/00	87797	INFECTIOUS AGENT DETECT NUCLEIC ACID	20.00
¥10/28/00	87186	ANTIBIOTIC SENSITIVITY MIC	12.00
10/28/00	87797	INFECTIOUS AGENT DETECT NUCLEIC ACID	20.00
30/30/00	87040	CULTURE BACTERIAL DEFINITIVE BLOOD	13.00
10/30/00	87040	CULTURE BACTERIAL DEFINITIVE BLOOD	13.00
10/31/00	80053	COMPREHENSIVE METABOLIC	21.00
10/31/00 V	* 84132	POTASSIUM SERUM	7.00
10/31/00	85023	CBC HEMOGRAM, PLATELET, COUNT, AUTO &MA	14.00
%1 0/31/00	85651	SEDIMENT RATE ERYTHROCYTE NON AUTOMA	6.00
/10/30/00	87797	INFECTIOUS AGENT DETECT NUCLEIC ACID	20.00
11/01/00	80048	BASIC METABOLIC PANEL	19.00
11/01/00	85023	CBC HEMOGRAM, PLATELET COUNT AUTO &MA	14.00
11/01/00	83735	MAGNESIUM	12.00
11/01/00 t	87040	CULTURE BACTERIAL DEFINITIVE BLOOD	13.00
11/01/00	87040	CULTURE BACTERIAL DEFINITIVE BLOOD	13.00
10/30/00	87797	INFECTIOUS AGENT DETECT NUCLEIC ACID	20.00
10/30/00	87186	ANTIBIOTIC SENSITIVITY MIC.	12.00
11/02/00	80048	BASIC METABOLIC PANEL	19.00
11/02/00	80170	GENTAMICIN	17.00
11/01/00	87797	INFECTIOUS AGENT DETECT NUCLEIC ACID	20.00
11/01/00	87797	INFECTIOUS AGENT DETECT NUCLEIC ACID	20.00
11/03/00	80048	BASIC METABOLIC PANEL	19.00
11/03/00	87040	CULTURE BACTERIAL DEFINITIVE BLOOD	13 00
11/03/00	87040	CULTURE BACTERIAL DEFINITIVE BLOOD	13.00
11/04/00	80048	BASIC METABOLIC PANEL	19.00
11/04/00	85023	CBC HEMOGRAM, PLATELET COUNT AUTO &MA	14.00
11/05/00	85023	CBC HEMOGRAM, PLATELET COUNT AUTO &MA	14.00
11/05/00	85060	BLOOD SMEAR PERIPHERAL W/PHYS REPORT	25.00
		STATEMENT	L

12/5/00 Debra Charged 12anan

PATHOLOGY GROUP OF LOUISIANA A PROFESSIONAL MEDICATION P.O. BOX BATON ROUGE, LOUISIANA 70884 (225)769-9993 8853506 S5 P1

DENNIS DEARIE
15431 RED MAPLE PL
GREENWEL SPGS LA 707393530

Please check box if above address is incorrect. Indicate change(s) on reverse side.

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMEN

DATE	CODE	DESCRIPTION AMOUNT
11/07/00	85023	CBC HEMOGRAM, PLATELET COUNT AUTO &MA 14.00
11/07/00	85651	SEDIMENT RATE ERYTHROCYTE NON AUTOMA 6.00
11/09/00	80048	BASIC METABOLIC PANEL
11/09/00	85023	CBC HEMOGRAM, PLATELET COUNT AUTO &MA 14.00
11/09/00	87040	CULTURE BACTERIAL DEFINITIVE BLOOD 13.00
11/09/00	87040	CULTURE BACTERIAL DEFINITIVE BLOOD
11/13/00	80053	COMPREHENSIVE METABOLIC 21:00
11/13/00	85023	CBC HEMOGRAM, PLATELET COUNT AUTO &MA 14 00
11/14/00	80053	COMPREHENSIVE METABOLIC 21.00
11/14/00	83735	MAGNESIUM 12:00
		12.00

Patient : DEARIE DENNIS

Account : L16838070

Site :: OUR LADY OF THE LAKE
Ref Phys :: RICHARD TODD COOLEY

*Please Pay This

Amount:: \$ \$ \$7.731.00

For Billing Questions Please Call:

S-2-885-001130-PATH



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P.O. Box 14790 • Baton Rouge • LA 70898-4790

Patient's Name
DEARIE DENNIS M

Account Number

Admission

Discharge Date Billing

016838070-1058 I

02/27/01

03/01/01

06/05/01

PLEASE REFER TO PATIENT'S NAME AND ACCOUNT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE

FOR BILLING INFORMATION CALL

BUSINESS OFFICE (EL)

PHONE 225/765-8872

BILLTO
DENNIS M DEARIE
15431 RED MAPLE PL
GREENWELL SPRINGS LA 70739-3530

FEDERAL I.D. 72-0423651

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COMPENSATION

C07

Patient's Name DEARIF DENNIS	M Q16838070-1058 Q6/	05/015 M01	INSURANCE PORTION ACCORDING TO TI SUPPLIED BY YOUR INS	I IS COMPUTED HE INFORMATION SURANCE CARRIER
POSTING DATE REF NBR	DESCRIPTION SUMMARY OF CHARGES	TOTAL AMOUNT	INSURANCE PORTION	PATIENT PORTION
	POOM CHARGES			
001	PRIVATE			
	2 DAYS AT 390.00	780.00	780.00	
	TOTAL OF ROOM CHARGES	780.00	780.00	
	ANCILLARY CHARGES			
025	PHARMACY	981.07	981.07	
027	CENTRAL SUPPLIES	427.40		
030	LABORATORY	409.75	409.75	•
097	LA MANDATED SERVICE CHARGE	4.00	4.00	
	TOTAL OF ALL OTHER CHARGES	1.822.22	1,822.22	
	ACCOUNT ADJUSTMENTS	4.00-		4.00-
	TOTAL CHARGES AND INSURANCE	2,598.22	2,602.22	
	NOTHING DUE AT THIS TIME			4.00-



Patient's Name

DEARIE, DENNIS M

Account Number

016836070-1058

06/05/01

PLEASE REFER TO PATIENT'S NAME AND ACCOUNT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE FOR BILLING INFORMATION CALL

BUSINESS OFFICE (EL)

PHONE 225/765-8872

BILL TO DENNIS M DEARIE 15431 RED MAPLE PL GREENWELL SPRINGS

FEDERAL I.D. 72-0423651

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COMPENSATION

C07

Patient's Name DEARIE DENNIS M	Account NBR (16838070-1058	Bill Date Page No. 06/05/01 1	INSURANCE PORTION ACCORDING TO THE SUPPLIED BY YOUR INS	IS COMPUTED IE INFORMATION URANCE CARRIER
POSTING	The authority and an infinite of the said		INSURANCE	PATIENT
DATE REF NBR DESCRIPTION		TOTAL AMOUNT	PORTION	PORTION
02/27/0136000008PRIVATE	1407	01 390.00	390.00	
02/27/0175000810SDDIUM CH	LORIDE 0.9% 100ML	40.00	40.00	
	NTITY OF 2			3
02/27/0175126607HYDROMORP		9.00	9.00	1
02/27/0175991412HYDROMORP	HONE SOME/SMI AMP	UL 153.68	153.68	
	NTITY OF 4	30.00	* ** ** ** ** ** ** ** ** ** ** ** ** *	
02/27/0140001597SET, IV E		5.30	5.30	
02/27/0140002343INSYTE NE	FDLF 20G X 1 1/4"		3.20	ŽĘ.
02/27/0140003790IV START	KIT	5.05	5.05	
02/27/0140060219SET, PCA		33.50	33.50	
02/27/0140060220SET, PCA		6.80	6.80	\$ A CA
02/27/0140061842ADAPTER,		7.65	7.65	18.
02/27/0152009621IV PUMP	OLATE TINEE EE	43.00	43.00	
02/27/0152060221PUMP, PCA		72.00	72.00	
02/27/0165005456CUMPREHEN	SIVE METARDLIC DA	NE 131.00	131.00	
02/27/0165301105CBC WITH	AUTO DIFF	48.25	48.25	
02/27/0165308109URINALYSI		TA 22.75	22.75	
02/28/0136000008PRIVATE	T407		390.00	
02/28/0175000018DEX 5% W		145.86	145.86	-4∫ = ;
	NTITY OF 6	149.00	147.00	
02/23/0175000307SDDIUM CH		40.00	40.00	
	NTITY OF 2	40.00	40.00	
02/29/0175108431NAFCILLIN		287.46	287.46	
	NTITY OF 18	201.40	201.40	* *
02/29/0175243907DROPERIDO		P 21.58	21 50	
	NTITY OF 2	21.50	21.58	***
02/28/0140001688SDD CHL .		2 70	2 20	
02/29/0140019453IV SET, S	FCONDARY	2.70	2.70	The state of the s
02/23/0140019459IV SET, P	DIMARY W/D ETCTED	5.75	5.75	
02/28/0152003621IV PUMP	KINKI NJU FILIEK		7 10.00	
02/28/0152060221PUMP, PCA		43.00	43.00	:
02/28/0165305500SED RATE		72.00	72.00	
SEPTIME TO SECOND SECON		23.75	23.75	
		in the second second	. •	



PRINT ** -

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DEARIE, DENNIS M

Account Number 016838070-1058 I

02/27/01

03/01/01

06/05/01

PLEASE REFER TO PATIENT'S NAME AND ACCOUNT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE FUR BILLING INFORMATION CALL

BUSINESS OFFICE (EL)

PHONE 225/765-8872

BILL TO DENNIS M DEARIE 15431 RED MAPLE PL GREENWELL SPRINGS LA 70739-3530

FEDERAL I.D. 72-0423651

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COMPENSATION

C07

Patient's Name: DEARIE, DENNIS M	Account NBR Bill Dat Q16838070-1058 06,	Page No. /05/01 2	INSURANCE PORTION ACCORDING TO TH SUPPLIED BY YOUR INS	I INFORMATION
POSTING. DESCRIPTION DESCRIPTION	The second secon	TOTAL AMOUNT	INSURANCE PORTION	PATIENT PORTION
02/28/0175300202RIFAMPIN 3		10.72	10.72	327
	NTITY OF 2	10112	10112	
02/28/0175303267CLONAZEPAN		2.25	2.25	•
02/28/0175348409LEVSIN 0.1	L25MG TAB	1.90	1.90	• •
	NTITY OF 2	2 4 ./ 0	1.70	***
02/28/0175399154ACETAMINOF		.80	.80	• •
	ITITY OF 4		• 00	
02/28/0175780027VENALFAXIN		8.68	8.68	
	NTITY OF 2	3.00	3.00	
02/28/0175991585LISINOPRIL		2.30	2.30	***
02/28/0175991597POTASSIUM	CHLURIDE 20MED TAB	2.97	2.97	• ,
	TITY OF 3	200,	2.57	•
02/28/0175992835GABAPENTIN	N 300MG CAPSULE UD	21.92	21.92	
,	ITITY OF 8	41.7		*
02/28/01759995700XYCODONE		67.20	67.20	V- 10
	ITITY OF 8	01020	01.20	
03/01/0175000018DEX 5% W J		48.62	48.62	
	NTITY OF 2	1.7002	#	
03/01/0175108431NAFCILLIN		31.94	31.94	
• •	ITITY OF 2			
03/01/0175243907DROPERIDOL		10.79	10.79	. .
03/01/0140002076ICE BAG		5.15	5.15	
03/01/0152009621IV PUMP		43.00	43.00	
03/01/0152060221PUMP. PCA		72.00	72.00	
03/01/0165004459MAGNESIUM-	-SERUM	60.00	60.00	
03/01/0165005450METABULIC	PANEL	124.00	124.00	
03/01/0175300202RIFAMPIN =		5.36	5.36	, ,
03/01/0175348409LEVSIN 0.1	L25MG TAB	•95	.95	
03/01/0175399154ACETAMINOF	PHEN 325MG TABLET 2	•40	.40	
	NTITY OF 2	• • •		
03/01/0175780027VENALFAXIN	ME XR 75MG CAP UD	8.68	8.68	
03/01/01/5991585LISINOPRIL		2.30	2.30	,



♣ P.O. Box 14790 • Baton Rouge • LA 70898-4790

DEARIE, DENNIS M

PLEASE REFER TO PATIENT'S NAME AND ACCOUNT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE

FOR BILLING INFORMATION CALL

BUSINESS OFFICE (EL)

BILL TO DENNIS M DEARIE *15431 RED MAPLE PL GREENWELL SPRINGS LA

FEDERAL I.D. 72-0423651

Hospital Has Private Rooms Only

COMPENSATION

C07

Patient's Name DEARIE	DENNIS M	Account NBR 016838070	0-1058 Bill Date Page No		IS COMPUTED IE INFORMATION URANCE CARRIER
POSTING DATE		DESCRIPTION	**************************************	INSURANCE PORTION	PATIENT PORTION
03/01/01	175991597POT	ASSIUM CHLORIDE 2 QUANTITY OF	OMEQ TAB 2.9	7 2.97	
03/01/01	175992835GAB	APENTIN 300MG CAP		4 16.44	
03/01/01	1.759995760X Y	- QUANTITY OF CODONE SA 40MG TA	6		
		QUANTITY OF	4	0 33.60	
03/04/01	139910911LA	MANDATED SERVICE QUANTITY OF		0 4.00	
	• • • • • • • • • • • • • • • • • • • •	QUANTITI UP	2		
•	4	SUB-TOTAL O	F CHARGES 2,602-2	2 2,602.22	
03/04/01	100114151LA	MANDATED SERV CHG	WRITEOF		4.00-
	PAI	D BY LA MANDATED	CHG /		
	тот	AL PAYMENTS AND A	DJUSTMENTS		4.00-
		OTAL CHARGES AND	INSURANCE 2.598.2	2,602.22	
* Y		NOTHING DUE AT	THIS TIME		4.00-
•					
		•			· · · · · ·
	•				
,		· · · · · · · · · · · · · · · · · · ·	The second secon		
				The second secon	FORT.



DEARIE, DENNIS M

016838070-2022 I

03/02/02 03/05/02

FLIERSCHALF I 110 PK. EN ER 1997 BAG ACCOUNT ADBROLIN ON ALL (ACCURIES AM) COM SER FONDSACE FOR BILLING INFORMATION CALL

BUSINESS OFFICE (EL)

PHONE 225/765-8872

BILL TO

DENNIS M DEARIE 15431 RED MAPLE PL GREENWEL SPGS LA 70739-3530

FEDERAL I.D. 72-0423651

Hospital Has Private Rooms Only

MARKSPREASE PLEASE DETACHANT OF EASING A CONSORPER LATER STATEMENT WITH YOUR HAM HANCE TO ROSHITH THOS, IT WHELEN

COMPENSATION

C07

Patient's Name DEARIE	, DENNIS	M 016838070-2022 Bid Date 03/	^{Pege No.} 05/02 SM01	INSURANCE PORTION ACCORDING TO THE SUPPLIED BY YOUR INSU	IS COMPUTED E INFORMATION JRANCE CARRIER
POSTING DATE	REF NBR	DESCRIPTION SUMMARY OF CHARGES	TOTAL AMOUNT	INSURANCE PORTION	PATIENT PORTION
		ROOM CHARGES			
	001	PRIVATE			
		39 DAYS AT 390.00	15,210.00	15,210.00	
		TOTAL OF ROOM CHARGES	15,210.00	15,210.00	
		ANCILLARY CHARGES			
	024	PHARMACY-SPECIAL	240.00	240.00	
	025	PHARMACY	26,681.40		
	026	IV THERAPY/SUPPLIES	95.00		
	027	CENTRAL SUPPLIES	8,407.73	8,407.73	
		LABORATORY	6,949.75		
		PATHOLOGY-LAB	76.00		
		X-RAY SERVICES	3,122.00	3,122.00	
	034	NUCLEAR MEDICINE	1,982.00	1,982.00	
	035	CT SCAN	2,294.00	2,294.00	
		O.R. SERVICES	4,872.00	4,872.00	
		ANESTHESIA SERVICES	441.00		
		BLOOD / PROCESSING	310.00	310.00	
		PHYSICAL MEDICINE	913.00	913.00	•
		RECOVERY ROOM	913.00 2,659.30	2,659.30	
	093	OTHER THERAPUTIC SERVICES	315.00	[*] 315.00	
	097	LA MANDATED SERVICE CHARGE	78.00		
		TOTAL OF ALL OTHER CHARGES	59,436.18	59,436.18	





Discharge Date

DEARIE, DENNIS M

016838070-2022 I

01/22/02

03/02/02

03/05/02

FLEASON DI TITO POLICA LE 1997, AND ACCOUNT PURICER ON AUTHACO PIES ARROUTH SER FONDEACE

FOR BILLING INFORMATION CALL BUSINESS OFFICE (EL) PHONE 225/765-8872

BILL TO

DENNIS M DEARIE 15431 RED MAPLE PL GREENWEL SPGS LA 70739-3530

FEDERAL I.D. 72-0423651

Hospital Has Private Rooms Only

TENNESPERATE PLEASE METACHINATION AND A REPORT OF THE SECOND REPORT OF STATEMENT WITH MOUNTAIN HANCE TO ADMIT HISPORT OF LAND.

COMPENSATION

C07

INSURANCE BENEFITS ASSIGNED

Patient's Name

DEARIE, DENNIS M

016838070-2022

03/05/02SM02

INSURANCE PORTION IS COMPUTED ACCORDING TO THE INFORMATION SUPPLIED BY YOUR INSURANCE CARRIER

POSTING

DATE

REF NBR DESCRIPTION

TOTAL AMOUNT

INSURANCE PORTION

PATIENT PORTION

ACCOUNT ADJUSTMENTS

78.00-

78.00-

TOTAL CHARGES AND INSURANCE

74,568.18

74,646.18

NOTHING DUE AT THIS TIME

78.00-



03/05/02

PHONE 225/765-8872

DEARIE, DENNIS M

016838070-2022 I 01/22/02 03/02/02

FLERSCHALD INTO BRUCKNESS ASSETT AND ACCOUNT PURSUED ON ALL PAGE PIES AND CONTRACTORDERICS FOR BILLING INFORMATION CALL

BUSINESS OFFICE (EL)

BILL TO

DENNIS M DEARIE 15431 RED MAPLE PL GREENWEL SPGS LA 70739-3530

FEDERAL I.D. 72-0423651

Hospital Has Private Rooms Only

TENNINTED PLEASE METACHIONS OF THEN HELD GO PORTION LATING STARBORN WORK YOUR ASMITTANCE TO ASSURE 1900 P. OF GROOM

COMPENSATION

C07

Patient's Name DEARIE, DENNIS M	Account NBR 016838070-2022	Bid Date Page	ACCORDING T	RTION IS COMPUTED THE INFORMATION UR INSURANCE CARRIER
POSTING			: (NSURANCE	PATIENT
DATE REF NBR DESCRIPTION		TOTAL AMOUN		PORTION
01/22/0232000002PRIVATE	. 0560			=
01/22/0275124156MEPERIDINE		10.		
01/22/0275993600MIRTAZAPIN		24.	30 24.3	0
	TITY OF 3			•
01/22/0265005456COMPREHENS		NE 131.	00 131.0	0
01/22/0265301105CBC WITH AU	TO DIFF	48.	25 48.2	5
01/22/0265305500SED RATE		23.	75 23.7	5
01/22/0265600454CRP		47.	50 47.5	0
01/22/0281700475CT-LUMBARS	PINE W/O CONTRA	ST 1.,058.	00 1,058.0	0
01/22/0275303267CLONAZEPAM	1MG TABLET UD	11.	40 11.4	0
QUANT	CITY OF 2			
01/22/0275303269CLONAZEPAM	2MG TABLET UD	7.	80 7.8	0
01/22/0275348409LEVSIN 0.12			00 1.0	
01/22/0275780490TRILEPTAL 3	OOMG TABLET UD	6.	6.6	
01/22/0275980930TEMAZEPAM3			00 5.0	
01/22/0275991584LISINOPRIL			60 3.6	0
01/22/0275991597POTASSIUMO			10 2.1	
01/22/0275992826VENLAFAXIN				
	CITY OF 3			
01/22/0275999574TIZANIDINE		3.	90 3.9	0
01/23/0232000002PRIVATE	0560		•	
01/23/0275124156MEPERIDINE		30.		
•	CITY OF 3			•
01/23/0275269753PROMETHAZI		мр 8.	50 8.5	n
01/23/0275780171LOVENOX 60		451.		
	CITY OF 3	302.	101.0	
01/23/0275992487FENTANYL 75		EA 385.	20 385.2	'n
	CITY OF 2	<u>.</u> 505.	20 300.2	.0
01/23/0275993422HYDROMORPH		ML 20.	00 20.0	in
	CITY OF 2	20.	20.0	
01/23/0275993600MIRTAZAPIN	,	24.	30 24.3	in.
	CITY OF 3	24.	27.0	
01/23/0284100023HEPARINLO		21.	00 21.0	0



HOSPITAL

Account Number

Discharge Date

DEARIE, DENNIS M

01/22/02 016838070-2022 I

03/02/02

03/05/02

FOR BILLING INFORMATION CALL

BUSINESS OFFICE (EL)

PHONE 225/765-8872

BILL TO

DENNIS M DEARIE 15431 RED MAPLE PL FEDERAL I.D. 72-0423651

GREENWEL SPGS LA 70739-3530

Hospital Has Private Rooms Only

TENNESS TO PLEASE PETACHION OF EARNING CONTRACTOR STATEMENT WITH MOUNTAIN HANGE TO ASSURE MICH. HIGH LIFELDS

COMPENSATION

C07

Patient's Name DEARIE,	DENNIS	M	Account NBR 016838070-20		Date 3/05/02 Page No. 2	INSURANCE ACCORDING SUPPLIED BY	PORTION IS COMPUTED TO THE INFORMATION YOUR INSURANCE CARRIER
POSTING DATE	REF NBR	DESCRIPTION		·	TOTAL AMOUNT	INSURANCI PORTION	E PATIENT PORTION
01/23/02	4000159	7SET, IV EXT	ENSION 7" 4	1438	5.30		. 30
01/23/02	4000234	4 Insyte need	LE 22G X 1"		10.05		. 05
			CITY OF 3				
01/23/02	4000379	OIV START K	T		5.05	5 5	. 05
01/23/02	4006184	2ADAPTER, CI	AVE MALE LL		7.65		. 65
			1MG TABLET U	JD	11.40		. 40
		QUAN'	CITY OF 2				
01/23/02	7534840	9LEVSIN 0.12	25MG TAB		2.00	2	. 00
			CITY OF 2				
			300MG TABLET	UD	6.60	6	. 60
		OTEMAZEPAM 3			5.00	5	. 00
01/23/02	7599158	34LISINOPRII	10MG TABLET	UD	7.20	7	. 20
			CITY OF 2				
01/23/02	7599159		HLORIDE 20ME	EQ TAB	4.20	4	. 20
			CITY OF 2				
01/23/02	7599282	·	E 75MG TABLE	מט יו	14.40	14	. 40
			TITY OF 3				
		4TIZANIDINE			3.90		. 90
		2PRIVATE		56001			
01/24/02	7526975	_	NE25MG/ML 1N	IL AMP	17.00	17	. 00
01/04/00	7570017		CITY OF 2				
01/24/02	12/8016	9LOVENOX 80			301.40	301	. 40
01/04/00	7500240		FITY OF 2				
01/24/02	1099342		ONE 1MG AMPUI	г т мг	50.00	50	. 00
01/24/02	7500260	QUAN OMIRTAZAPIN	CITY OF 5		04.04		
01/24/02	7399300				24.30) 24	. 30
01/24/02	8410003		TITY OF 3 CK INSERTION		01 04		00
01/24/02	4000159	OGET TO EY	ENSION 7" 4	1/20	21.00		. 00
01/24/02	4000133	ATNOVTE NEEL	OLE 22G X 1"	1430			. 30
01/24/02	4000379	OIV START K	706 22 6 A 1"		3.3! 5.0!		. 35 . 05
			LAVE MALE LL		7.6		. 65 . 65
01/24/02	6530390	1PTT			33.00		. 00
=, = -, - =					JJ. 00	,	. 00





Patient's Name

DEARIE, DENNIS M

Account Number

016838070-2022 I

Date

Discharge Date 03/02/02 Billing Date 03/05/02

FOR BILLING INFORMATION CALL

BUSINESS OFFICE (EL)

PHONE 225/765-8872

BILL TO

DENNIS M DEARIE 15431 RED MAPLE PL

GREENWEL SPGS LA 70739-3530

FEDERAL I.D. 72-0423651

Hospital Has Private Rooms Only

1897-1973/1577 (PLEASE INTROHUNT OF BURNIER GOVERNORS), AT HER STATEFARM WHEN MOURING FLANCE TO ROSER - 1800 OF GREECE

COMPENSATION

C07

Patient's Name DEARIE .	DENNIS	м	Account NBR 016838070-202	8# Date	05/02. Page No.	INSURANCE PORTION ACCORDING TO TO SUPPLIED BY YOUR IN	HE INFORMATION
POSTING			, , , , , , , , , , , , , , , , , , , ,	- Joo, o	,0,02,10		
DATE	REF NBR	DESCRIPTION			TOTAL AMOUNT	INSURANCE PORTION	PATIENT PORTION
01/24/02	6530500	5PT			29.00	29.00	10
01/24/02	28000285	OSPINE-LUMB	ARSURVEY		195.00	195.00	
01/24/02	26321582		ALLIUM (PER MO	CI)	240.00	240.00	
01/24/02	26521412	~ · -	ARMLOC TUMOR	WHOL	515.00	515.00	•
			1MG TABLET UD		11.40	11.40	
			CITY OF 2				•
01/24/02	27534840	9LEVSINO.12	25MG TAB		2.00	2.00	
		QUANT	CITY OF 2				
01/24/02	27578002		EXR 75MG CAP	UD	30.40	30.40	
01/24/02	27578049	OTRILEPTAL	BOOMG TABLET U	D O	6.60	6.60	
			NE 25MG TAB UI		1.00	1.00	
01/24/02	27598093	OTEMAZEPAM 3	OMG CAP UD		5.00	5.00	
01/24/02	27599158	34LISINOPRII	10MG TABLET U	JD	3.60	3.60	
01/24/02	27599159	7POTASSIUM	CHLORIDE 20ME	TAB	4.20	4.20	
			CITY OF 2			•	
		4TIZANIDINE			3.90	3.90	
		2PRIVATE		56001	390.00	390.00	
			GNETICCONTR 2	20 ML	256.00	256.00	
		5LORAZEPAM 2			51.90	51.9 0 ·	
01/25/02	27526975		NE25MG/ML 1MI FITY OF 3	L AMP	25.50	25.50	
01/25/02	27578016	9LOVENOX 80 YANO	MG PFS TITY OF 2		301.40	301.40	
01/25/02	27599342	22HYDROMORPH	ONE 1MG AMPUL	1 ML	80.00	80.00	
01/25/02	27599360	OMIRTAZAPIN			24.30	24.30	
01/25/02	24000012	-	JZE 4X4 10/PK	16PL	2.00	2.00	
			FLEX WHITE 7.		1.65	1.65	
		9BLADE, SUR		-	1:.00	1.00	
			BETADINE 4 OZ		2.55	2.55	
		•					





DEARIE, DENNIS M

Account Number

Discharge Date

01/22/02 016838070-2022 I 03/02/02 03/05/02

FOR BILLING INFORMATION CALL

BUSINESS OFFICE (EL)

PHONE 225/765-8872

BILL TO DENNIS M DEARIE

15431 RED MAPLE PL

GREENWEL SPGS

LA 70739-3530

FEDERAL I.D. 72-0423651

Hospital Has Private Rooms Only

WHATEHART PLEASE PETACHERY IN THE FIRM HIS CONTRACTOR STATEMENT WITH MODIFIED HANGE TO ADSIDE THOSE A LEGIS

COMPENSATION

C07

Patient's Name DEARIE, DEN	NIS M	Account NBR 016838070-2022	Biff Date Page No. 4	INSURANCE PORTICACCORDING TO SUPPLIED BY YOUR IN	ON IS COMPUTED THE INFORMATION ISURANCE CARRIER
POSTING DATE REF NB	D DECORIDEDA			INSURANCE	PATIENT
	R DESCRIPTION 52444BUNNY SET-	TACEDAMION	TOTAL AMOUNT	PORTION	PORTION
	04459Magnesium		43.50 60.00	43.50	
	5450METABOLIC			60.00	
	1105CBC WITH A		124.00	124.00	
		OTO DIFF RSPINE W/WO CONT	48.25	48.25	•
	.3829NM-GALLIU		•		
		MING TABLET UD	407.00	407.00	
01/25/02/550			11.40	11.40	
01 /25 /02752/	QUAN 1.1 8409LEVSIN	TITY OF 2	2 00	2 22	
01/25/02/554		TITY OF 3	3.00	3.00	
01 /25 /027578		MEXR 75MG CAP UD	. 30.40	20 40	
01/25/02/5/6			. 30.40	30.40	
01/25/027579		TITY OF 4 300MG TABLET UD	6 60	6 60	
		ODIUM 5MG TAB UD	6.60	6.60 2.40	
		INE 25MG TAB UD	1.00		
	30930TEMAZEPAM		5.00	1.00	
	31076ALPRAZOLA			5.00	
01/25/02/550		TITY OF 2	7.60	7.60	
01/25/027599		L10MG TABLET UD	7 20	7 20	
01/25/02/59		TITY OF 2	7.20	7.20	
01/25/027590		CHLORIDE 20MEQ T	AD 4 20	4 20	
01/25/02/593		TITY OF 2	AB 4.20	4.20	
01/25/027599	9574TIZANIDIN		3.90	3.90	
01/26/023200		0560		390.00	
		INE25MG/ML 1ML A		25.50	
01/20/02/02/		TITY OF 3	MP 25.50	25.50	
01/26/027578	30169LOVENOX 80		301.40	301.40	
, -0, 10 / (TITY OF 2	301.40	301.40	
01/26/027599		5MCG/HR PATCH 1	EA 385.20	385.20	
,,,,		TITY OF 2	EA 300.20	303.20	
01/26/027599		HONE1MG AMPUL 1	ML 60.00	60.00	
,,,		TITY OF 6		33.00	



HOSPITAL VICES

Patient's Name

Account Number

Date

Discharge Date Date

DEARIE, DENNIS M

016838070-2022 I

01/22/02

03/02/02 03

03/05/02

FOR BILLING INFORMATION CALL

BUSINESS OFFICE (EL)

PHONE 225/765-8872

BILL TO

DENNIS M DEARIE 15431 RED MAPLE PL GREENWEL SPGS

LA 70739-3530

FEDERAL I.D. 72-0423651

Hospital Has Private Rooms Only

DOMESTICATE PLEASE NETWORK WE SHE HAN A REPORT FOR A SHELL AS A SH

COMPENSATION

C07

Patient's Name DEARIE,	DENNIS	M	ACCOUNT NBR 016838070-20	22 Bid Date 03/05	/02 Page No. 5	ACCORDING	PORTION IS COMPUTED TO THE INFORMATION OUR INSURANCE CARRIER
POSTING DATE	REF NBR	DESCRIPTION				INSURANCE	PATIENT
			INE15MG TAB	I	24.30	PORTION 24.	PORTION
0-,-0,0-			NTITY OF 3		24.30	27.	
01/26/02	6500545		NSIVEMETABOLIC	PANE	131.00	131.	00
			CATHETER TIP		51.25	51.	
		SCBC WITH			48.25	48.	•
01/26/02					29.00	29.	
01/26/02	6530550	OSED RATE			23.75	23.	
01/26/02	7530326	7CLONAZEPA	M1MG TABLET U)	1140	11.	40
			NTITY OF 2				
01/26/02	7534840	9LEVSINO.	125MG TAB		2.00	2.	00
			NTITY OF 2				
01/26/02	7578002		MEXR 75MG CAP	סט	30.40	30.	40
01 /06 /06	7570040		NTITY OF 4			_	
			L300MG TABLET (סני	6.60	6.	
			430MG CAP UD	_	5.00	5.	
			IL10MG TABLET (ACHLORIDE 20ME)		3.60	3.	
01/20/02	.7599153		NTITY OF 2	Q TAB	4.20	4.	20
01/26/02	7599957	4TIZANIDII			3.90	3.	00
01/27/02	3200000	2PRIVATE		56001	390.00	390.	
			ZÍNE25MG/ML 1M		34.00	34.	
, ,			NTITY OF 4		34.00	34.	
01/27/02	7578016	9LOVENOX 8			301.40	301.	40
		QUA	NTITY OF 2				
01/27/02	7599342	2HYDROMOR	PHONE 1MG AMPUL	1 ML	60.00	60.	00
			NTITY OF 6		٠.		
01/27/02	7599360	OMIRTAZAP:	INE 15MG TAB		24.30	24.	30
			NTITY OF 3				
				438	5.30	5.	30
01/27/02	4000234		EDLE 22G X 1"	•	6.70	6.	70
01/07/00	400037		NTITY OF 2			_	
		OIV START			5.05	5.	
01/2//02	.4000184	ZADAPTER,	CLAVE MALE LL		7.65	7.	65



HOSPITAL TICES

Patient's Name

DEARIE, DENNIS M

Account Number

016838070-2022 I

01/22/02

03/02/02

Date 03/05/02

* LEVEL 10 17 NO POLICE A SERVIN AND ACCOUNT OF MALE OF AN ACCOUNTY OF A TOWNSHIP O

BUSINESS OFFICE (EL)

PHONE 225/765-8872

BILL TO

DENNIS M DEARIE 15431 RED MAPLE PL GREENWEL SPGS

LA 70739-3530

FEDERAL I.D. 72-0423651

Hospital Has Private Rooms Only

1897-1973/OCT: PLEASE DETACHAND DE EINER EIE, GERONGE, SILVERIA STATEMEND WITH YOUR HANDS TO RESULE SEGRE UP LEED

COMPENSATION

C07

Patient's Name			Account NBR		Bill Date , Page No.	INSURANCE PORTIO	N IS COMPUTED
DEARIE,	DENNIS	М	þ1683807	0-2022	03/05/02 6	ACCORDING TO T SUPPLIED BY YOUR IN	HE INFORMATION SURANCE CARRIER
POSTING					. :	INSURANCE	PATIENT
	REF NBR	DESCRIPTION			TOTAL AMOUNT	PORTION	PORTION
			GTIME-SIMPL	ATE	50.75	50.75	
01/27/02					33.00	33.00	
01/27/02					29.00	29.00	
01/27/02	7530326		PAM1MG TABL		11.40	11.40	
			ANTITY OF	2			·
01/27/02	7534840	9LEVSIN O	.125MG TAB		2.00	2.00	
			ANTITY OF	2			
01/27/02	7578002	7VENALFA	XIMEXR 75MG	CAP UD	30.40	30.40	
			ANTITY OF	4			
01/27/02	7578049	OTRILEPTA	AL300MG TAB	LET UD	6.60	6.60	
			AM30MG CAP T		5.00	5.00	
01/27/02	7599158	4LISINOP	RIL10MG TAB	LET UD	7.20	7.20	
			ANTITY OF	2			
01/27/02	7599159	7POTASSI	JMCHLORIDE :	20MEO TA	AB 4.20	4.20	
			ANTITY OF	2	_		
01/27/02	7599957	4TIZANID	INE 4MG TAB		3.90	3.90	
		2PRIVATE		05600		390.00	
01/28/02	7500003	4DEX 5% W	250ML		35.00	35.00	
01/28/02	7512660	7HYDROMOI	RPHONE 2MG/1	ML AMP	10.00	10.00	
01/28/02	7512665	6HYDROMOI	RPHONE 4MG/1	ML AMP	10.60	10.60	
01/28/02	7518681	7FENTANY	LO.O5MG/ML	MI. AMP	53.60	53.60	
			ANTITY OF	4	33.00	03.00	
01/28/02	7520988		AINEO.25% W	/EPI 101	ML 17.70	17.70	
01/28/02	7526975	3PROMETH	AZINE 25MG/M	L 1MT. AN	MP 8.50	8.50	
01/28/02	7578016	9LOVENOX	80 MG PFS		150.70	150.70	
01/28/02	7578060	30NDANSE	FRON 1MG/0.5	MT. TN.T	113.60	113.60	
			ANTITY OF	4	113.00	115.00	
01/28/02	7599138		CIN 500MG VI		94.80	94.80	
•			ANTITY OF	4	34.00	54.00	
01/28/02	7599234		AC15MG/1ML		59.00	59.00	
_,, -			ANTITY OF	.2	55.00	39.00	
01/28/02	7599251		AM1MG/ML 2M		10.00	10.00	
· · , ,			2M	- V	10.00	10.00	



HOSPITAL

Account Number

LA 70739-3530

Discharge Date

DEARIE, DENNIS M

016838070-2022 I 01/22/02

03/02/02 03/05/02

FLERSCHEIR CYCHON EA EA BHARF, AND ACCOUNT ADARBERTON ALL ACCURRES ARE CYCHORGACH FOR BILLING INFORMATION CALL

BUSINESS OFFICE (EL)

PHONE 225/765-8872

BILL TO

DENNIS M DEARIE 15431 RED MAPLE PL GREENWEL SPGS

FEDERAL I.D. 72-0423651

Hospital Has Private Rooms Only

COMPENSATION

C07

TENNEST PRESENTAGE AND DESIGNATED AND ARREST ARREST AND ARREST ARREST AND ARREST AND ARREST STATEMENT WITH YOUR ARM HANCE TO RESULT - PROPERTURE OF

Patiant's Name DEARIE ,	DENNIS	М	ACCOUNT NBR 016838070-2022	Birl Date Page No. 7	ACCORDING TO	ATION IS COMPUTED THE INFORMATION OF INSURANCE CARRIER
POSTING DATE	REF NBR	DESCRIPTION			INSURANCE	PATIENT
			ONE1MG AMPUL 1	MIL 30.00	PORTION	PORTION
01/20/02	7099342		TITY OF 3	ML 30.00	30.00	,
01/28/02	7599360	OMIRTAZAPIN	E15MG TAB	24.30	24.30	
, ,			TITY OF 3			
01/28/02	4000001	2BANDAGE, BA	ANDAID X-LARGE	2.55	2.5	· ·
			TITY OF 3			
01/28/02	4000010	4STERISTRIE	, 0.5"X4"	4.10	4.10)
			JZE RAYTEC 4X4	2.60	2.60)
			PAPE 3" PER ROLI	15.50	15.50	
		3POSITIONEF		3.55	3.5	5
			, PROTECTOR ELBO		8.4	5
			ion 20 ft sterii	E 5.90	5.90)
			FLEX WHITE 6.5	1.65	1.6	5
			FLEX WHITE 7.5	1.65		5
		SIDRAPE, TAB		6.65	6.6	5
01/28/02	400015:		RIDRAPE 18X24	75.60	75.6	כ
4 4			FITY OF 8			
01/28/02	4000154	•	B LARGE PAPER	21.00	21.0	0
05 (00 (00	10001.0		FITY OF 2			_
			INGERS INJ USP 1			
01/28/02	400023	·	7ER 18GA X 1.5	3.40	3.4	0
01/00/00	400000		FITY OF 4			_
01/28/02	400023	•	JERLOCK CONTROL	12C 11.20	11.2	0
01/00/00	400027		FITY OF 14			-
			INCTURE AMPULE 3			
		7SOLUTION, I		21.00		
01/28/02	400163	•	GEL WHITE 7.5 FITY OF 3	22.05	22.0	5
01/28/02	400194	61V SET, BL		26.00	26.0	n
			E O.R. STERILE 1			
		4DRAPE, LAP		23.25		
			600 C-ARM DRAPI			
		•		•		





016838070-2022 I

01/22/02

Discharge Date 03/02/02

Billing Date 03/05/02

FOR BILLING INFORMATION CALL

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BILL TO

DEARIE, DENNIS M

DENNIS M DEARIE 15431 RED MAPLE PL GREENWEL SPGS

LA 70739-3530

FEDERAL I.D. 72-0423651

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THE SPECIAL PLEASE DETACHANT OF BUILDING BUILDINGS OF THE STATEMENT WHEN YOUR HOW HANCE TO ADSIGN THOU IT UNLIGH

COMPENSATION

C07

Palient's Name DEARIE, DENNIS M	Account NBR 016838070-2022	Birl Date	INSURANCE PORTION ACCORDING TO TO SUPPLIED BY YOUR IN	N IS COMPUTED HE INFORMATION SURANCE CARRIER
POSTING DATE REF NBR DESCRIPTIO	•1		INSURANCE	PATIENT
		TOTAL AMOUNT	PORTION	PORTION
01/28/0250000300GEN.IND QU	ANTITY OF 30	144.00	144.00	
01/28/0250000745SENSOR,	SKIN TEMP	14.00	14.00	
01/28/0250000782ANES. MC	NITORING CHARGE	251.00	251.00	
01/28/0250001353TUBE, EN	DO 2.0-9.5 FR	22.50	22.50	•
01/28/0250001452TIP, YAN	KAUER SUCTION	1.60	1.60	
01/28/0250002252VENTILA		12.50	12.50	
01/28/0250002372NEEDLE,	SPINAL 18-19GA/3.		3.80	
01/28/0250002374NEEDLE,			14.10	
	ANTITY OF 3			
01/28/0250016841SENSORG	UARD BANDAGE, ADUI	LT 5.30	5.30	
01/28/0250030829FILTER,	HME 1000	3.65	3.65	
01/28/0265101305GRAM STA	IN	77.00	77.00	
	ANTITY OF 2			
01/28/0265102501VIRUS CU	LTURE	76.00	76.00	
01/28/0265106090AFB SMEA		39.50	39.50	
01/28/0265106095KOH PREI	WET MOUNT	29.00	29.00	
01/28/0265106171CULTURE		SS 116.00	116.00	
01/28/0265107104CULTURE		146.00	146.00	
QU	ANTITY OF 2			
01/28/0265107203FUNGUS C	ULTURE	87.00	87.00	
01/28/0265107658CULTURE		116.00	116.00	
01/28/0265107898CULTURE	, AFB	87.00	87.00	
01/28/0265117658GRIND TI	SSUE	26.00	26.00	
01/28/0265117898CONCENT	RATIONAFB	27.00	27.00	
01/28/0265120337BACTERI	ALID - SINGLE	19.25	19.25	
01/28/0265126177SUSCEPT		23.75	23.75	
01/28/0265305005PT		29.00	29.00	
01/28/0280002850SPINE-L	UMBARSURVEY	195.00	195.00	
01/28/0280010122FLUORO E	ROC UP TO 1 HR	143.00		
01/28/0270000012SURGERY		1,457.25	1,457.25	
QU	ANTITY OF 67	,	,	



HOSPITAL

Account Number

Discharge Date

DEARIE, DENNIS M

016838070-2022 I

01/22/02

03/02/02

03/05/02

FILENSIEN DIE 1110 BY LEN EI MARTE AND ACCOUNT MERKBER ON ALL AND PRES AMPLITYT PREFONDENCE FOR BILLING INFORMATION CALL

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TERM STRANT PLEASE NETACHINATION BAIN A EL COMPONTAL Y LA TINA STATEMENT WHEN YOUR HUM LIANCE TO ADSIDE THOSE, OUR LIGHT

COMPENSATION

C07

Palient's Name DEARIE,	DENNIS M	ACCOUNT NBR 916838070-202 2	2 03/05/02 Page No. 9	INSURANCE PORTICACCORDING TO SUPPLIED BY YOUR IN	THE INFORMATION
POSTING DATE	CEC NOD DECC	PURTICAL	<u> </u>	INSURANCE	PATIENT
		RIPTION	TOTAL AMOUNT	PORTION	PORTION
01/28/02	. Madecocoocen	ANESTH. EA SUCCEEDIN	IG M 27.00	27.00	
01/29/02	50000725 <i>0</i> 3mt	QUANTITY OF 27	1 05	4 05	
01/28/02	.50000755CATE	, IV CATHLON 14-24 GA		1.95	
	50001759KIT,		13.50	13.50	•
01/28/02	140001346GOW1	, SCRUB X-LARGE PAPER	40.50	40.50	
01 /00 /00	400064077777	QUANTITY OF 3			
01/28/02	4000643/PEN,	MARKING REGULAR	4.05	4.05	
01/28/02	4001/251GLOV	E, SURG BIOGEL 8	14.80	14.80	
01 /00 /00	4004050045	QUANTITY OF 2			
		E, BIOGEL WHITE 6	7.40	7.40	
	700010560RTE		3,900.00	•	
01/28/02	83330021REC	VERYROOM MINUTES-2	876.80	876.80	
05 /00 /00		QUANTITY OF 137			
01/28/02	75303267CLON	AZEPAM1MG TABLET UD	11.40	11.40	
01 (00 (00		QUANTITY OF 2			
01/28/02	75348409LEV	IN 0.125MG TAB	2.00	2.00	
04 /00 /00		QUANTITY OF 2			
01/28/02	?75780027 VE NA	LFAXIMEXR 75MG CAP U	D 30.40	30.40	
		QUANTITY OF 4			
		EPTAL 300MG TABLET UD	6.60	6.60	
		ETHAZINE 25MG TAB UD	1.00	1.00	
		ZEPAM30MG CAP UD	5.00	5.00	
		NOPRIL10MG TABLET UD		3.60	
01/28/02	275991597POT <i>I</i>	SSIUMCHLORIDE 20MEQ	TAB 4.20	4.20	
4 4		QUANTITY OF 2			
		NIDINE 4MG TAB	3.90	3.90	
	232000002PRI		390.00	390.00	
		INYLCHOLINE 20MG/10N		18.80	
		ETHAZINE 25MG/ML 1ML	AMP 8.50	8.50	
01/29/02	275780169LOVE	NOX 80 MG PFS	301.40	301.40	
4		QUANTITY OF 2			
01/29/02	275992487FENI	'Anyl 75mcg/hr patch 1	. EA 385.20	385.20	
		QUANTITY OF 2			





DEARIE, DENNIS M

Account Number

016838070-2022 I

01/22/02

Discharge Date

03/02/02 03/05/02

FOR BILLING INFORMATION CALL

BUSINESS OFFICE (EL)

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BILL TO

DENNIS M DEARIE 15431 RED MAPLE PL GREENWEL SPGS

LA 70739-3530

FEDERAL I.D. 72-0423651

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TEACHER TO PLEASE PETACHINATION ON A REPORT OF THE PROPERTY OF STATEBORD WITH YOUR FACE HADGE TO RESULT FROM DISABLED

COMPENSATION

C07

Patient's Name DEARIE,	DENNIS	s M	Account NBR 016838070-2022	2 Bif Date 03/05/02	Page No. 10	INSURANCE PORTION ACCORDING TO TH SUPPLIED BY YOUR INS	IE INFORMATION
POSTING DATE	REF NBR	DESCRIPTION		·		INSURANCE	PATIENT
			OME 1 1/0 2 1/0/19 1	TOTAL AN	•	PORTION	PORTION
01/29/02	139934		ONE 1MG AMPUL 1	WT 8	0.00	80.00	
01/00/00	750006	-	CITY OF 8	_			
01/29/02	7599360	OMIRTAZAPIN		2	4.30	24.30	
01/00/00			CITY OF 3	_			•
01/29/02					9.00	29.00	
		OSED RATE			3.75	23.75	
01/29/02				4	7.50	47.50	
01/29/02	2753032	67CLONAZEPAM	1MG TABLET UD	1	1.40	11.40	
		QUANT	CITY OF 2				
01/29/02	27534840	09LEVSIN 0.12	SMG TAB		2.00	2.00	
		QUANT	CITY OF 2	•			
01/29/02	7578002	27VENALFAXIM	EXR 75MG CAP U	D .3	0.40	30.40	
			CITY OF 4				
01/29/02	7578049	OTRILEPTAL 3	OOMG TABLET UD		6.60	6.60	
			DIUM 5MG TAB U		2.40	2.40	
		3OTEMAZEPAM 3		_	5.00	5.00	
			10MG TABLET UD	1	7.20	7.20	
			CITY OF 2		0		
01/29/02	2759915		HLORIDE 20MEQ	TAR	4.20	4.20	
			CITY OF 2			1.20	
01/29/02	759995	74TIZANIDINÉ		•	3.90	3.90	
		02PRIVATE		3001 39	0.00	390.00	
			NE25MG/ML 1ML		7.00	17.00	
01,00,01	.,0205,		CITY OF 2	AMP 1	. 7 . 00	17.00	
01/30/02	757801	69LOVENOX 80		20	11 40	201 40	
01/30/02	. / 3 / 001		CITY OF 2	30	1.40	301.40	
01/20/02	759092		ORIDE .9% VIAL	OVC	0 50	0.50	
					8.50	8.50	
01/30/02	2139934		ONE 1MG AMPUL 1	ML 6	50.00	60.00	
01/20/00	750026		CITY OF 6	_			
01/30/02	(139936)	OOMIRTAZAPIN		. 2	24.30	24.30	
01/20/00	SESOEO!	_	CITY OF 3			••	
01/30/02	20330301	USPT		2	29.00	29.00	



HOSPITAL STICES

Patient's Name

Account Number

Date Date

Dischar**ge** Date Billing Date

DEARIE, DENNIS M

016838070-2022 I 01/22/02

03/02/02

03/05/02

FLEREIGE LATE OF THE BEAST AND ACCOUNT AT MADER ON ALL INCLUDING AMERICAN CALL
FOR BILLING INFORMATION CALL

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BILL TO

DENNIS M DEARIE 15431 RED MAPLE PL GREENWEL SPGS

LA 70739-3530

FEDERAL I.D. 72-0423651

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1881 13737 SET (PLEASE OBTACH CON CONTROL SE PORTROL SE

COMPENSATION

C07

Patient's Name DEARIE, DENNI	s m	, Account NBR 916838070-202 2	2 Bid Date Page No. 11	INSURANCE PORT ACCORDING TO SUPPLIED BY YOUR	TON IS COMPUTED THE INFORMATION INSURANCE CARRIER
POSTING DATE REF NBR	DESCRIPTION		<u>_·</u> :	INSURANCE	PATIENT
01/30/02753032	DESCRIPTION	11/0	TOTAL AMOUNT	PORTION	PORTION
01/30/02/33032			11.40	11.40	
01 /20 /0275240		ITY OF 2			
01/30/02753484			2.00	2.00	
01 /20 /0075700		ITY OF 2			
01/30/02757800			D 30.40	30.40	
01 /20 /0075700		ITY OF 4			
01/30/02757804				6.60	
01/30/02759803				2.40	
01/30/02759809			5.00	5.00	
01/30/02759915			7.20	7.20	
01 /00 /0055001		ITY OF 2	•		
01/30/02759915			TAB 4.20	4.20	
01 /00 /0055000		ITY OF 2.	•		
01/30/02759995	74TIZANIDINE		3.90	3.90	
01/31/02320000			001 390.00	390.00	
01/31/02751266	56HYDROMORPH	ONE 4MG/1ML AMP	10.60	10.60	
01/31/02752697	53PROMETHAZI	NE25MG/ML 1ML		8.50	
01/31/02757801			301.40	301.40	
04 /04 /00======		ITY OF 2			
01/31/02759934			ML 80.00	80.00	
		ITY OF 8			
01/31/02759936			24.30	24.30	
		ITY OF 3			
01/31/02400016	80SOD CHL .9%	DUAL SPOUT 50		2.35	
01/31/02400194	156IV SET, BLO	OD PUMP	26.00	26.00	
01/31/02653050			29.00	29.00	
01/31/02753032	267CLONAZEPAM	1MG TABLET UD	11.40	11.40	
		ITY OF 2			
01/31/02753484	109LEVSIN 0.12	5MG TAB	2.00	2.00	
		ITY OF 2			
01/31/02757800	27VENALFAXIM	EXR 75MG CAP U	D 30.40	30.40	
		ITY OF 4			
01/31/02757804	90TRILEPTAL 3	OOMG TABLET UD	6.60	6.60	





01/22/02

Discharge Date

DEARIE, DENNIS M

016838070-2022 I

03/02/02

03/05/02

*.EMSC.40.1116 M. CA. S. MANT AND ACCOUNT MEMBER ON ACT ACCOUNTS ARREST THE SECONDACTOR BILLING INFORMATION CALL

BUSINESS OFFICE (EL)

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BILL TO

DENNIS M DEARIE 15431 RED MAPLE PL

GREENWEL SPGS

LA 70739-3530

FEDERAL I.D. 72-0423651

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TRANSPORTS PLEASE NETWORK NATION BASK ALL GOVERNMENT OF THE STATEMENT WHEN YOUR HAIM HANGS TO ASSITE THOSE IT JULIUS.

COMPENSATION

C07

Patient's Name DEARIE, D	ENNIS M	Account NBR 016838070-2022	Bifl Date Page No. 12	INSURANCE PORTICACCORDING TO SUPPLIED BY YOUR IN	THE INFORMATION
POSTING	T NDD 0500	america i		INSURANCE	PATIENT
	•	RIPTION	TOTAL AMOUNT	PORTION	PORTION
01/31/02/	9960319WARE	ARIN SODIUM 5MG TAB UI	4.80	4.80	
01 /21 /007	E00000000000	QUANTITY OF 2	F 00	F 00	
		ZEPAM 30MG CAP UD	5.00	5.00	
01/31/02/	991584L151	NOPRIL 10MG TABLET UD	7.20	7.20	
01 /01 /007	F001 F07D0m3	QUANTITY OF 2		4 00	
01/31/02/	5991597POTA	SSIUMCHLORIDE 20MEQ 1	AB 4.20	4.20	
04 /04 /005		QUANTITY OF 2			
		NIDINE 4MG TAB	3.90	3.90	
	2000002PRIV			390.00	
		OMORPHONE 2MG/1ML AMP	10.00	10.00	
02/01/027	5126656HYDR	OMORPHONE 4MG/1ML AMP	31.80	31.80	
		QUANTITY OF 3			
02/01/027	5269753PROM	ethazine25mg/ml 1ml <i>a</i>	MP 17.00	17.00	
		QUANTITY OF 2	·		
02/01/027	5780169LOVE	NOX 80 MG PFS	301.40	301.40	
		QUANTITY OF 2			
02/01/027	5992487FENT.	ANYL 75MCG/HR PATCH 1	EA 385.20	385.20	
		QUANTITY OF 2			
02/01/027	5993422HYDR	OMORPHONE 1MG AMPUL 1	ML 40.00	40.00	
		QUANTITY OF 4			
02/01/027	5993600MIRT	AZAPINE15MG TAB	24.30	24.30	
		QUANTITY OF 3			
02/01/026	5005456COMP	REHENSIVEMETABOLIC PA	ANE 131.00	131.00	
02/01/026	5301105CBC W	ITH AUTO DIFF	48.25	48.25	
02/01/026	5305005PT		29.00	29.00	
02/01/026	5305500SED F	ATE	23.75	23.75	
	5600454CRP		47.50	47.50	
02/01/027	5303267CLON	AZEPAM1MG TABLET UD	11.40	11.40	
		QUANTITY OF 2			
02/01/027	5348409LEVS	INO.125MG TAB	2.00	2.00	
		QUANTITY OF 2	3.00	— · ·	
02/01/027	5780027VENA	LFAXIMEXR 75MG CAP U	60.80	60.80	
		QUANTITY OF 8			



DEARIE, DENNIS M

Account Number

016838070-2022 I

01/22/02

03/02/02 03/05/02

FIGURES AND CHAR SHIP COME IN A PROBLEM FAUDOON AND PROBLEM OF AN OFFICE ADDRESS. FOR BILLING INFORMATION CALL

BUSINESS OFFICE (EL)

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BILL TO

DENNIS M DEARIE 15431 RED MAPLE PL

GREENWEL SPGS

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TENSORY FOR PLEASE METADRIANT OF BUILDING BUILDING PROPERTY LATERS STATEBOOK WITH YOUR HIM LIMICS TO ASSURE THOSE OF CALLS.

COMPENSATION

C07

Patient's Name DEARIE, DENNIS M	Account NBR 016838070-2022	Bid Date 03/05/02 Page No. 13	INSURANCE PORTION ACCORDING TO TO SUPPLIED BY YOUR INS	HE INFORMATION
POSTING			INSURANCE	PATIENT
DATE REF NBR DESCRIPTION	•	TOTAL AMOUNT	PORTION	PORTION
02/01/0275780490TRILEP		6.60	6.60	
02/01/0275980314WARFAR		3.70	3.70	
02/01/0275980732BACLOF		7.80	7.80	
	UANTITY OF 3			
02/01/0275980930TEMAZE		5.00	5.00	
02/01/0275991584LISINO		10.80	10.80	
	UANTITY OF 3			
02/01/0275991597POTASS	IUMCHLORIDE 20MEQ T	AB 6.30	6.30	•
	UANTITY OF 3			
02/01/0275999574TIZANII	DINE 4MG TAB	7.80	7.80	
	UANTITY OF 2			
02/02/0232000002PRIVAT		390.00	390.00	
02/02/0275126656HYDROM	ORPHONE 4MG/1ML AMP	31.80	31.80	
. Q	UANTITY OF 3			
02/02/0275269753PROMET	HAZINE 25MG/ML 1ML A	MP 17.00	17.00	
Q	UANTITY OF 2			
02/02/0275780169LOVENO	X80 MG PFS	301.40	301.40	
Q	UANTITY OF 2	-		
02/02/0275993600MIRTAZ		24.30	24.30	
	UANTITY OF 3			
02/02/0265305005PT	•	29.00	29.00	
02/02/0275303267CLONAZ	EPAM1MG TABLET UD	11.40	11.40	
	UANTITY OF 2			
02/02/0275348409LEVSIN		2.00	2.00	
• •	QUANTITY OF 2			
02/02/0275780027VENALF		30.40	30.40	
	UANTITY OF 4		331.13	
02/02/0275780490TRILEP		6.60	6.60	
02/02/0275980732BACLOF		7.80	7.80	
• •	QUANTITY OF 3			
02/02/0275980930TEMAZE		5.00	5.00	
02/02/0275991584LISINO		7.20	7.20	
	QUANTITY OF 2	7.20	7.20	
`	, was a 1 1 1 1 1 2			





Patient's Name

DEARIE, DENNIS M

Account Number

Date Date

Discharge Date Billing Date

016838070-2022 I 01/22/02

03/02/02

03/05/02

FIGNED AD 1110 PM, CALLE MARKE AND ACCOUNT MESSAGE ON ALL AND PHES AME CAN DESTRONDENCE

FOR BILLING INFORMATION CALL

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1896 (1994) TO PLEASE METAGRICANT OF THE RESPONSIBLE OF A STATE OF
COMPENSATION

C07

Patients Name DEARIE, DENNIS N	Account NBR 016838070-	-2022 Bill Date	05/02 Page No.		IS COMPUTED E INFORMATION URANCE CARRIER
POSTING DATE REF NBR	DESCRIPTION		TOTAL ALIQUISM	INSURANCE	PATIENT
	POTASSIUMCHLORIDE 20	NGO MAD	TOTAL AMOUNT	PORTION	PORTION
02/02/02/5991597			4.20	4.20	
00/00/0075000574	QUANTITY OF	2	44 70	11 70	
02/02/02/59995/4	TIZANIDINE 4MG TAB	•	11.70	11.70	
00/02/00200000	QUANTITY OF	3	200 00	200 00	•
02/03/0232000002		056001	390.00	390.00	
02/03/02/5126656	HYDROMORPHONE 4MG/1MI		84.80	84.80	
00/00/00550	QUANTITY OF	8			
02/03/0275269753	PROMETHAZINE 25MG/ML		42.50	42.50	
/ /	QUANTITY OF	5			
02/03/0275780169			301.40	301.40	
	QUANTITY OF	2			
	FENTANYL 75MCG/HR PAT	CH 1 EA	192.60	192.60	
02/03/0275993600	MIRTAZAPINE15MG TAB		24.30	24.30	
	QUANTITY OF	3			
02/03/0265305005	PT		29.00	29.00	
02/03/0275303267	CLONAZEPAM 1MG TABLE:	r UD	11.40	11.40	
	QUANTITY OF	2			
02/03/0275348409	LEVSIN 0.125MG TAB		2.00	2.00	
	QUANTITY OF	2			
02/03/0275780027	VENALFAXIMEXR 75MG (CAP UD	30.40	30.40	
	QUANTITY OF	4		•	
02/03/0275780490	TRILEPTAL 300MG TABLE	ET UD	6.60	6.60	
	WARFARIN SOD 10MG TAI		3.70	3.70	
	BACLOFEN 10MG TAB UD		7.80	7.80	
	QUANTITY OF	3			
02/03/0275991584	LISINOPRIL10MG TABLE		7.20	7.20	
,,	QUANTITY OF	2	,,,,	0	
02/03/0275991597	POTASSIUMCHLORIDE 20		4.20	4.20	
02,02,02,00020	QUANTITY OF	2	4.20	4.20	
02/03/0275999574	TIZANIDINE 4MG TAB	_	11.70	11.70	
12,00,02,0000014		. 3	11.70	11.70	
02/04/0232000002		056601	390.00	390.00	
,,		000001	230.00	330.00	



HOSPITAL VICES

Patient's Name

Account Number

Date

. Discharge Date

Billing Date

DEARIE, DENNIS M

016838070-2022 I

1/22/02

03/02/02 03/05/02

PORTORIO PER PETER DE CONTRO DE PRESENTA L'AUDOCON DAR 1994 EL ANDOCO L'ESPECIALE.

FOR BILLING INFORMATION CALL

BUSINESS OFFICE (EL)

PHONE 225/765-8872

BILL TO

DENNIS M DEARIE 15431 RED MAPLE PL

GREENWEL SPGS LA 70739-3530

FEDERAL I.D. 72-0423651

Hospital Has Private Rooms Only

TERM SPECIAL PLEASE INTRODUCTOR BUILDING STORES OF PORTER OF THE STORES OF TRANSPORTER OF THE STORES
COMPENSATION

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Patient's Name DEARIE ,	DENNIS M	Account NBR 016838070-2022	Bifl Date Page No. 15	INSURANCE PORTIO ACCORDING TO T SUPPLIED BY YOUR IN	HE INFORMATION
POSTING	DEC NOD		:	INSURANCE	PATIENT
- · · ·	REF NBR DESCRIPTION	DITONE AND AND	TOTAL AMOUNT	PORTION	PORTION
02/04/02	75126656HYDROMOR		53.00	53.00	
02/04/02	•	NTITY OF 5	VD 17.00	17.00	
02/04/02	75269753PROMETHA		MP 17.00	17.00	
02/04/02	75780169LOVENOX8	NTITY OF 2	201 40	201 40	•
02/04/02			301.40	301.40	
02/04/02	75992487FENTANYL	NTITY OF 2	TA 100 60	100 60	
	75993600MIRTAZAP			192.60	
02/04/02			24.30	24.30	
02/04/02			E 30	E 20	
	40001597SET, IV E			5.30	
	40002344INSYTENE		3.35	3.35	
	40003790IV START		5.05	5.05	
	40061842ADAPTER,	CLAVE MALE LL	7.65	7.65	•
	65305005PT		29.00	29.00	
	65305500SED RATE		23.75	23.75	
	65600454CRP)\(1\(\alpha\) = 101 = 10	47.50	47.50	
02/04/02	75303267CLONAZEP		17.10	17.10	
00/04/00		NTITY OF 3		0.00	
02/04/02	75348409LEVSIN 0.		2.00	2.00	
00/04/00		NTITY OF 2			
02/04/02	75780027VENALFAX		30.40	30.40	
00/04/00		NTITY OF 4			
	75780490TRILEPTA		6.60	6.60	
	75980314WARFARIN		3.70	3.70	
02/04/02	75980732BACLOFEN		10.40	10.40	
00/04/00	-	NTITY OF 4			
02/04/02	75991584LISINOPR		7.20	7.20	
00/04/00		NTITY OF 2			
02/04/02	75991597POTASSIU		AB 4.20	4.20	
00/04/00		NTITY OF 2		44 =4	
02/04/02	75999574TIZANIDI	•	11.70	11.70	
. 02/05/00	-	NTITY OF 3		200 00	
02/05/02	32000002PRIVATE	0566	390.00	390.00	



HOSPITAL S

DEARIE, DENNIS M

Account Number

016838070-2022 I

01/22/02

03/02/02

03/05/02

FOR BILLING INFORMATION CALL BUSINESS OFFICE (EL)

PHONE 225/765-8872

BILL TO

DENNIS M DEARIE 15431 RED MAPLE PL GREENWEL SPGS

LA 70739-3530

FEDERAL I.D. 72-0423651

Hospital Has Private Rooms Only

1896 SPRANTE PLEASE PETACHIANT OF EARN OLD REPORTED LATER STATEBOOK WITE YOU HER HANCE TO ADELLE 1960, I WILLLE

COMPENSATION

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Patient's Name			Account NBR		Bill Date , Page No.		TION IS COMPUTED
DEARIE,	DENNIS	М	þ16838070	-2022	03/05/02 16	ACCORDING TO SUPPLIED BY YOU	THE INFORMATION R INSURANCE CARRIER
POSTING DATE		DECODINE			· · ·	INSURANCE	PATIENT
	REF NBR	DESCRIPTION	ONTE 41/0 /41/		TOTAL AMOUNT	PORTION	PORTION
02/05/02	7512665	6HYDROMORPH	•		84.80	84.80	
00/05/00	7506075		ITY OF	8			
02/05/02	7526975	3PROMETHAZI	•		MP 17.00	17.00	
/ /		-	ITY OF	2			•
02/05/02	7578016	9LOVENOX 80			301.40	301.40	
			ITY OF	2			
		2HYDROMORPH		PUL 1			
02/05/02	7599360	OMIRTAZAPIN	E15MG TAB		24.30	24.30	
			ITY OF	3			
02/05/02					29.00	29.00)
02/05/02	7530326	7CLONAZEPAM	1MG TABLE	TUD	11.40	11.40)
		QUANT	ITY OF	2			
02/05/02	7534840	9LEVSIN 0.12	5MG TAB		2.00	2.00	•
		QUANT	ITY OF	2	•	•	
02/05/02	7578002	7VENALFAXIM	EXR 75MG	CAP UD	30.40	30.40)
			ITY OF	4			
02/05/02	7578049	OTRILEPTAL 3	OOMG TABL	ET UD	6.60	6.60)
		4WARFARINSO			3.70		
		B2BACLOFEN 1			10.40		
			ITY OF	4			
02/05/02	7598093	OTEMAZEPAM 3		D	5.00	5.00)
		4LISINOPRIL			7.20		
			ITY OF	2	•		•
02/05/02	7599159	7POTASSIUMO			AB 4.20	4.20)
			ITY OF	2			•
02/05/02	7599957	4TIZANIDINE		_	11.70	11.70	1
•			ITY OF	3			
02/06/02	3200000	2PRIVATE		0566	390.00	390.00)
		7HYDROMORPH	ONE 2MG/1M		100.00		
. , ,				10		100.00	-
02/06/02	7512665	6HYDROMORPH			31.80	31.80)
,,			CITY OF	3	51.00	J O.	•
		2 , 30 = 10		_			



HOSPITAL VICES

Patient's Name

DEARIE, DENNIS M

Account Number

016838070-2022 I.

03/02/02

Billing Date

FOR BILLING INFORMATION CALL

BUSINESS OFFICE (EL)

PHONE 225/765-8872

BILL TO

DENNIS M DEARIE 15431 RED MAPLE PL GREENWEL SPGS

LA 70739-3530

FEDERAL I.D. 72-0423651

Hospital Has Private Rooms Only

TRANSPROTOTO PLEASE DETACHANT ON HAN HIS REPRODUCED AND LATING STANDARD MAIN MOUNTAINS TO ADMIN HORSELF RECORDED AND HANDS TO ADMIN HOUSE TO

COMPENSATION

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ACCORDIN	
DEARIE, DENNIS M 016838070-2022 03/05/02 17 SUPPLIED	BY YOUR INSURANCE CARRIER
POSTING	
DATE REF NBR DESCRIPTION TOTAL AMOUNT PORTIO	
·	.7.00
QUANTITY OF 2	
	1.40
QUANTITY OF 2	
	2.60
	00.00
QUANTITY OF 3	
•	24.30
QUANTITY OF 3	
02/06/0265305005PT 29.00 2	9.00
	23.75
	·7.50
02/06/0275303267CLONAZEPAM1MG TABLET UD 11.40 1	.140
QUANTITY OF 2	
02/06/0275348409LEVSIN 0.125MG TAB 2.00	2:.00
QUANTITY OF 2	
02/06/0275780027VENALFAXIMEXR 75MG CAP UD 30.40 3	30.40
QUANTITY OF 4	
02/06/0275780490TRILEPTAL300MG TABLET UD 6.60	6". 60
02/06/0275980314WARFARIN SOD 10MG TAB UD 3.70	3.70
02/06/0275980732BACLOFEN 10MG TAB UD 15.60 1	.5 . 60
QUANTITY OF 6	·
02/06/0275980893PROMETHAZINE25MG TAB UD 100	1.00
02/06/0275980930TEMAZEPAM30MG CAP UD 5.00	5.00
02/06/0275991584LISINOPRIL10MG TABLET UD 7.20	7.20
QUANTITY OF 2	
02/06/0275991597POTASSIUMCHLORIDE 20MEQ TAB 4.20	4.20
QUANTITY OF 2	
02/06/0275999574TIZANIDINE 4MG TAB11.70-	1.70
QUANTITY OF 3	·
02/07/0232000002PRIVATE 056601 390.00 39	0.00
00/05/005540040555555555555555555555555	50.00
QUANTITY OF 6	





DEARIE, DENNIS M

Account Number

016838070-2022 I

01/22/02

Discharge Date

Billing Date

03/02/02 03/05/02

FOR BILLING INFORMATION CALL

BUSINESS OFFICE (EL)

PHONE 225/765-8872

BILL TO

DENNIS M DEARIE 15431 RED MAPLE PL GREENWEL SPGS

LA 70739-3530

FEDERAL I.D. 72-0423651

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TRANSPORTO PLEASE PETACHANTON BANGAL COMPRISES LATING STATEMENT WITH YOUR HEM HANGE TO RESIDE FROM HUNGLED

COMPENSATION

C07

Patient's Name DEARIE,	DENNIS	м	Account NBR D16838070-20	022 Bill Da	/05/02 Page No.	ACCORDING	ORTION IS COMPUTED TO THE INFORMATION DUR INSURANCE CARRIER
POSTING					· :	INSURANCE	PATIENT
	REF NBR	DESCRIPTION	NTD 41/0 /41/0 - 1		TOTAL AMOUNT	PORTION	PORTION
02/07/02	1212002		ONE 4MG/1ML A	MP	31.80	31.8	30
00/05/00	2506055		ITY OF 3				
02/07/02	7526975.		NE25MG/ML 1M	IL AMP	25.50	25.5	50
00/07/00		_	ITY OF 3				
02/07/02	7578016	9LOVENOX 80			301.40	301.4	10
			ITY OF 2				
			00 UNIT/0.4		42.50	42.5	-
			MCG/HR PATCH		192.60	192.0	
02/07/02	7599342	2HYDROMORPHO	ONE 1MG AMPUI	1 ML	30.00	30.0	00
			ITY OF 3				
02/07/02	7599360	OMIRTAZAPINI	215MG TAB		. 24.30	24.3	30
			ITY OF 3				
			MARY W/O FII	LTER	10.00	10.0	00
02/07/02	5200962	1 IV PUMP			43.00	43.0	00
02/07/02	6530110	5CBC WITH AU	TO DIFF		48.25	48.2	25
02/07/02	6530390	1PTT			33.00	33.0	00
02/07/02	6530500	5PT			58.00	58.0	00
		QUANT	ITY OF 2				
02/07/02	6321515	4NM-INDIUMW	BC WB		530.00	530.	00
02/07/02	6521525	4NM-IN-111 L	ABLED WBC 50	OUCI	687.00	687.	00
02/07/02	7530326	7CLONAZEPAM	1MG TABLET (Д	11.40	11.	40
		TIALUQ	ITY OF 2				
02/07/02	7534840	9LEVSIN 0.12	5MG TAB		2.00	2.0	00
		QUANT	ITY OF 2				
02/07/02	7578002	7VENALFAXIM	EXR 75MG CAI	סט פ	30.40	30.	40
			ITY OF 4				
02/07/02	7578049		OOMG TABLET	UD	6.60	6.	60
			DIUM 7.5MG		3.60		
		2BACLOFEN 10			15.60	15.	
_,,	_		ITY OF 6			-5.	
02/07/02	27598093	OTEMAZEPAM 3			5.00	5.	00
			10MG TABLET	UD	7.20	7.	
• • • • •			ITY OF 2			, ,	



HOSPITAL VICES

Patient's Name

Account Number

016838070-2022 I

Date / C / C / C

Date 102

POR BILLING INFORMATION CALL

BUSINESS OFFICE (EL)

PHONE 225/765-8872

BILL TO

DEARIE, DENNIS M

DENNIS M DEARIE 15431 RED MAPLE PL GREENWEL SPGS

LA 70739-3530

FEDERAL I.D. 72-0423651

Hospital Has Private Rooms Only

1897 SPECTO PLEASONETACH AND GOOD BONGS, GOODWAY, SIGNOS SPECTOR PROPERTY OF GOOD ASSOCIATION TO PROPERTY TROOP, TO GOOD ASSOCIATION OF TO PROPERTY TROOP, TO GOOD ASSOCIATION OF THE PROPERTY
COMPENSATION

C07

Patient's Name DEARIE,	DENNIS	3 м	Account NBR 016838070-202	22 Bid Date 03/0	05/02 Page No.	ACCORDING TO	TION IS COMPUTED THE INFORMATION INSURANCE CARRIER
POSTING DATE	REF NBR	DESCRIPTION				INSURANCE	PATIENT
			CHLORIDE 20MEQ		TOTAL AMOUNT	PORTION	PORTION
02/01/02	. / 399133			TAB	4.20	4.20	
02/07/02	750005	QOAN. 74TIZANIDINE	FITY OF 2		44 70	44 50	
02/01/02	. 139993		TITY OF 3		11.70	11.70	
02/08/02	320000	O2PRIVATE		6601	200 00	200 00	•
			OS IONE 2MG/1ML AM	6601	390.00	390.00	
02/08/02	.7312660		IONE 2MG/IML AM FITY OF 4	P	40.00	40.00	
02/08/02	751266		ione 4mg/1ml am	m	127.20	107 20	
02/00/02	. / 31200		FITY OF 12	P	127.20	127.20	
02/08/02	7526971		NE25MG/ML 1ML	AMD.	8:.50	8.50	
		9LOVENOX 80		FUIE	150.70	150.70	
			000 UNIT/0.459	NAC	42.50	42.50	
			ONE 1MG AMPUL		10.00	10.00	
		OMIRTAZAPIN		T. 1411	24.30	24.30	
,,			FITY OF 3		24.50	24.50	
02/08/02	2841000	15IV-START/F	·		3200	32.00	
			TEGADERM 2.38X	2.75	3.45	3.45	
		· ·	TITY OF - 3				
02/08/02	24000159	97SET, IV EX	TENSION 7" 44	38	10.60	10.60	
		QUAN	FITY OF 2	•			
02/08/02	24000234	44 insyte neei	DLE 22G X 1"	:	10.05	10.05	
			rity of 3				
02/08/02	24000379	90IV START K	IT		10.10	10.10	
			TITY OF 2				
			LAVE MALE LL		7.65	7.65	
			LELESSVALVE W/	T-CO	9.65	9.65	
		21IV PUMP		•	43.00	43.00	
02/08/02	26530390				9900	99.00	
00/00/00			TITY OF -3	• ••			
		OOPLATELET C	DUNT		36.25	36.25	
02/08/02					29.00	29.00	
02/08/02	2032131	54NM-INDIUM	MRC MB	•	530.00	530.00	· · · · · · · · · · · · · · · · · · ·



BATON ROUGE NIC, AMC P. O. BOX 64887 BATON ROUGE, LA 70896-4887

MAIN CLINIC: (225) 769-4044

BUSINESS OFFICE: (225) 246-9304 FEDERAL TAX ID # 72-1111417

ADDRESSEE:

		SA OR AMERICA	AN EXPRESS, FILL OUT BELO		
MASTERCARD CARD NUMBER	DISCOVER	VISA VISA	AMERICAN EXPRESS		
SIGNATURE			AMOUNT EXP. DATE		
STATEMENT DATE	PAY THI	S AMOUNT	ACCT. #		
02/04/02	922.21		1867539		
PAGE: 1	L	SHOW AMOUNT \$			

REMIT TO:

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information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

IF THE BATON ROUGE CLINIC, AMC, IS DIRECTLY CONTRACTED WITH YOUR INSURANCE COMPANY, WE HAVE FILED CLAIMS TO THEM ON YOUR BEHALF. HOWEVER, PLEASE NOTE THAT REGARDLESS OF INSURANCE, YOU ARE ULTIMATELY RESPONSIBLE FOR THE ACTIVITY AND BALANCE DUE ON THIS ACCOUNT. SEE REVERSE SIDE FOR MORE INFORMATION, OR CALL THE CLINIC AT THE ABOVE PHONE NUMBER. * INDICATES INSURANCE HAS BEEN FILED.

ICD9	DATE	DR PATIE	ENT NAME	POS	- 2 5	CPT4		SERVIC	E RENDI	ERED		AMOUNT
724.2	012102	110 5500	T.0									•••••
24.2	012102	110 DENN					ESTAB E	PT O V	, EXP	PBLM	FOC	59.00
453.8	012402	110 DENN	ing Phy:	COOLEY	(, R	RICHARD TO					_	
233.0	012402			COOLEZ	, D	99232 RICHARD TO	SUBSEQ	HOSP	VISIT	LEVEL	. 2	74.00
		Hognita	l.	OUD TA	L, A	OF THE LA	עט עט					
153.8	012502	110 DENN	TS	1	ייי	99232		носв	UTCTM	TENTET	2	
	712072				7 R	RICHARD TO	SUBSEQ	позр	VISIT	гелег	. 2	74.00
		Hospita	1:	OUR TA	ADY	OF THE LA	KE.					
453.8	012802	110 DENN	IS	1		OF THE LA 99232	SUBSEQ	HOSP	VISTT	TRVET.	. 2	_
		Referri	ng Phy:	COOLE	. R	RICHARD TO	DD		VIOII	111.4111	. 2	74.00
		Hospita	1:	OUR LA	YDY	OF THE LA 99232	KE					
453.8	012602	110 DENN	is ·	1		99232	SUBSEQ	HOSP	VISIT	LEVEL	. 2	74.00
401.9	012702	110 DENN	IS	1		99232	SUBSEO	HOSP	VISIT	LEVEL	2	74.00
•		Referri	.ng Phy:	COOLE	7, R	RICHARD TO	DD					74.00
		Hospita	1: -	OUR LA	YDY.	OF THE LA					-	
453.8	012902	110 DENN				99232	SUBSEQ	HOSP	VISIT	LEVEL	2	74.00
		Referri	ng Phy:	COOLE	7, R	RICHARD TO	DD					74.00
006 63	010500	Hospita	11:	OUR LA		OF THE LA	KE					
996.62	012502	131 DENN					REMOVE	IMP V	A POR	r		370.00
		Referri	ng Phy:	AZMEH,	, WA	REF						0,000
453 R	013002	110 DENN	II.	OUR LA	YD Y	OF THE LA	KE					
422.0	013002.					99231 RICHARD TO	SUBSEQ	HOSP	VISIT	LEVEL	ı I	49.00
		Keleili	ing Phy:	COOLE	(, H	CICHARD TO	טט					

Jean

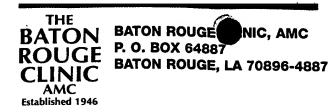
LAST PAY DATE	CLOSING DATE
07/13/00	02/04/02

If "PAY THIS AMOUNT" shows a negative (-) balance, this indicates that your private pay portion has a credit that may or may not be due to you. Do not pay this credit amount.

	BATON	ROUGE	CLINIC.	AMC
--	-------	-------	---------	------------

ACCOUNT 922.21

148



MAIN CLINIC: (225) 769-4044 BUSINESS OFFICE: (225) 246-9304

FEDERAL TAX ID # 72-1111417

ADDRESSEE:

	HISCOVER, VISA OR AMERICA HECK CARD USED FOR PAYMEN DISCOVER VISA VISA	IN EXPRESS, FILL OUT BELOW T AMERICAN EXPRESS
CARD NUMBER		AMOUNT
SIGNATURE	*	EXP. DATE
STATEMENT DATE	PAY THIS AMOUNT	ACCT. #
02/04/02	922.21	1867539
PAGE: 2	SHOW AMOUN	Τ\$

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	Please check box if address is incorrect or insurance
_]	information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

IF THE BATON ROUGE CLINIC, AMC, IS DIRECTLY CONTRACTED WITH YOUR INSURANCE COMPANY, WE HAVE FILED CLAIMS TO THEM ON YOUR BEHALF. HOWEVER, PLEASE NOTE THAT REGARDLESS OF INSURANCE, YOU ARE ULTIMATELY RESPONSIBLE FOR THE ACTIVITY AND BALANCE DUE ON THIS ACCOUNT. SEE REVERSE SIDE FOR MORE INFORMATION, OR CALL THE CLINIC AT THE ABOVE PHONE NUMBER. * INDICATES INSURANCE HAS BEEN FILED.

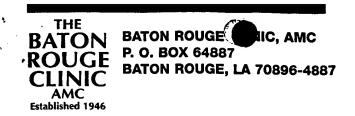
CD9	DATE	DR	PATIENT NAME	O S	N S	СРТ4	SERVICE RENDERED	AMOUNT
		Но	spital:	OUR L. PRI	ADY VATE	OF THE LF	KE Balance Due 3922.2	1
					•			
	٠.		الله الله الله الله الله الله الله الله					
			CE HAS BEEN F	97°7' 86.1				pa.

LAST PAY DATE	CLOSING DATE
07/13/00	02/04/02

If "PAY THIS AMOUNT" shows a negative (-) balance, this indicates that your private pay portion has a credit that may or may not be due to you. Do not pay this credit amount.

BATON ROUGE CLINIC, AMC

ACCOUNT 922.21



MAIN CLINIC: (225) 769-4044 BUSINESS OFFICE: (225) 246-9304 FEDERAL TAX ID # 72-1111417

ADDRESSEE:

	DISCOVER, VISA OR AMERICA CHECK CARD USED FOR PAYMEN SCOVER VISA VISA	AN EXPRESS, FILL OUT BELOW		
CARD NUMBER		AMOUNT		
IGNATURE		EXP. DATE		
STATEMENT DATE	PAY THIS AMOUNT	ACCT. #		
03/04/02	2197.21	1867539		
PAGE: 1	SHOW AMOUN PAID HERE	^{ιτ} \$		

REMIT TO:

7	Please check box if address is incorrect or insurance
j	information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

IF THE BATON ROUGE CLINIC, AMC, IS DIRECTLY CONTRACTED WITH YOUR INSURANCE COMPANY, WE HAVE FILED CLAIMS TO THEM ON YOUR BEHALF. HOWEVER, PLEASE NOTE THAT REGARDLESS OF INSURANCE, YOU ARE ULTIMATELY RESPONSIBLE FOR THE ACTIVITY AND BALANCE DUE ON THIS ACCOUNT. SEE REVERSE SIDE FOR MORE INFORMATION, OR CALL THE CLINIC AT THE ABOVE BUSINESS OFFICE PHONE NUMBER. * INDICATES INSURANCE HAS BEEN FILED.

ACCOUN	T NO. 18	6753	9											
ICD9	DATE	DR	PATIENT	NAME	P 0 S	I N S	СРТ4		SERVIC	E RENDE	RED			AMOUNT
453.8	013102	Re		Phy:	COOLE	ΞY,	99231 RICHARD 1	TODD	HOSP	VISIT	LEVEL	1	,	49.00
453.8	020102	110 Re	DENNIS ferring	Phy:	1 COOLE	EY,	OF THE I 99231 RICHARD 1	SUBSEQ TODD	HOSP	VISIT	LEVEL	1		49.00
453.8	020202	052 Re	DENNIS ferring	Phy:	1 BRAND	от, н	OF THE I 99232 AROLD	SUBSEQ	HOSP	VISIT	LEVEL	2		74.00
453.8	020302	052 R∈	DENNIS eferring	Phy:	1 BRAND	от, н	AROLD	SUBSEQ	HOSP	VISIT	LEVEL	2	. • .	74.00
453.8	020402	110 Re	DENNIS eferring	Phy:	1 COOLE	EY,	OF THE 1 99231 RICHARD	SUBSEQ TODD	ноѕр	VISIT	LEVEL	1	•	49.00
453.8	020502	110 R∈	DENNIS	Phy:	1 COOLE	ΞΥ,	OF THE 1 99231 RICHARD '	SUBSEQ TODD	HOSP	VISIT	LEVEL	1		49.00
453.8	020602	110 Re	DENNIS eferring	Phy:	1 COOLE	ΞΥ,		SUBSEQ TODD	ноѕр	VISIT	LEVEL	1		49.00
453.8	020702	110	DENNIS		. 1		99231 RICHARD	SUBSEQ	HOSP	VISIT	LEVEL	1		49.00
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LAST PAY DATE	CLOSING DATE
07/13/00	03/04/02

If "PAY THIS AMOUNT" shows a negative (-) balance, this indicates that your private pay portion has a credit that may or may not be due to you. Do not pay this credit amount.

BATON ROUGE CLINIC, AMC



BATON ROUGE IC, AMC P. O. BOX 64887 BATON ROUGE, LA 70896-4887

MAIN CLINIC: (225) 769-4044

BUSINESS OFFICE: (225) 246-9304 FEDERAL TAX ID # 72-1111417

ADDRESSEE:

F PAYING BY MASTERCARD, I	SCOVER VISA OF	OR PAYMEN		AMERICAN EXPRESS
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PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

IF THE BATON ROUGE CLINIC, AMC, IS DIRECTLY CONTRACTED WITH YOUR INSURANCE COMPANY, WE HAVE FILED CLAIMS TO THEM ON YOUR BEHALF. HOWEVER, PLEASE NOTE THAT REGARDLESS OF INSURANCE, YOU ARE ULTIMATELY RESPONSIBLE FOR THE ACTIVITY AND BALANCE DUE ON THIS ACCOUNT. SEE REVERSE SIDE FOR MORE INFORMATION, OR CALL THE CLINIC AT THE ABOVE BUSINESS OFFICE PHONE NUMBER. * INDICATES INSURANCE HAS BEEN FILED.

ACCOUNT	NO. 18	6753	9						
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LAST PAY DATE	CLOSING DATE
07/13/00	03/04/02

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BATON ROUGE CLINIC, AMC



BATON ROUGE NIC, AMC P. O. BOX 64887 BATON ROUGE, LA 70896-4887

MAIN CLINIC: (225) 769-4044

BUSINESS OFFICE: (225) 246-9304 FEDERAL TAX ID # 72-1111417

ADDRESSEE:

	DISCOVER, VISA OR AMERIC CHECK CARD USED FOR PAYME DISCOVER VISA VISA	
ARO NUMBER	DISCOVER VISA	AMERICAN EXPRESS
SIGNATURE		EXP. DATE
STATEMENT DATE	PAY THIS AMOUNT	ACCT. #
03/04/02	2197.21	1867539
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REMIT TO:

Please check box if address is incorrect or insurance	•
Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.	

STATEMENT

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LAST PAY DATE	CLOSING DATE		
07/13/00	03/04/02		

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BATON ROUGE CLINIC, AMC

ACCOUNT BALANCE >>>>	2197.21
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BATON ROUGE IIC, AMC P. O. BOX 64887 **BATON ROUGE, LA 70896-4887**

MAIN CLINIC: (225) 769-4044

BUSINESS OFFICE: (225) 246-9304 FEDERAL TAX ID # 72-1111417

ADDRESSEE:

DEARIE, DENNIS M 15431 RED MAPLE PL **GREENWELL SPRINGS, LA 70739-3530**

IF PAYING BY MASTERCARD, DIS	SCOVER, VISA OR AMERICAL JECK CARD USED FOR PAYMENT JUNEAU VISA	
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PAGE: 4	SHOW AMOUNT	T S

BATON ROUGE CLINIC, AMC P.O. BOX 64887 **BATON ROUGE, LA 70896-4887**

PAID HERE \$

٦	Please check box if address is incorrect or insurance
J	information has changed, and indicate change(s) on reverse side.

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ACCOUNT BALANCE >>>>

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